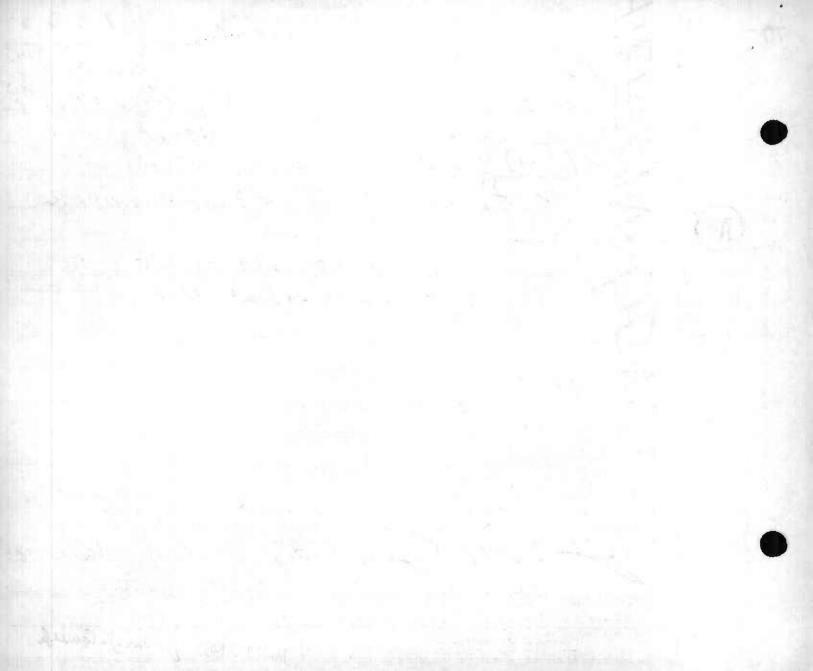


	1 -	0.00			E OF MARYLAND	LUVOIENES	~ 3 .e4.	*** A A :	
74	1 - 3	FOR STATE	MI		IEALTH AND MENTAI ER'S CERTIFICATE		3 0	180:	3
10.		REGISTRAR EASED NAME FIR		MIDDLE	1AST		REG. NO.	NTH DAY YEAR 126	HOUR
was a so		OR PRINT)	ul	Owen	ALV		OF ESTI-	10 140 00 1	000
LEAS TOR PUR PREET	3. SEX		S. DATE OF BIRTH	6. AGE (IN YEA	RS IF UNDER 1 YR. III UND		DATE MOR	ITH DAY YEAR 2d,	HOUR
P. P		11/11/	June 3	YEAR LAST BIRTHDAY		MIN. PRON	DEAD MS	1ch 41987	DIO
SSAR SSAR SALE THIN THIN THIN THIN THIN THIN THIN THIN		RTHPLACE (STATE OR REIGN COUNTRY)		VHAT COUNTRY?	8. MARRIED ANEVER MA	PRIED 9. BA	LTIMORE CITY OR CO		V
IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. DO, WITHIN 72 HOURS I W. PRESTON STREET,	WA	ASHINGTON, D. C	c. u.s	.A.		RCED -	nonta	romery	MD.
	ID. CIT	TY OR TOWN OF DEATH		SPITAL, NURSING HOME,	OR OTHER INSTITUTION		CCUPATION (TYPE OF WORKING LIFE)	ORK 12b KIND OF BUSINI OR INDUSTRY	ESS
DELAY N PACH N PACH SDS, 20	17	3 Kerruk	· WZu	shi Alver	tirt-/4007	CHIEF	QUARTERMAN	FOUNDRY DAM	YY_
	USUA 13a. ST	L RESIDENCE (IF IN HURSING H	HOME OR OTHER INSTITUTION, I	13c. CITY OF TOWN	N) 13d INSIDE CITY LIMITS	13e. STREET A	DDRESS 20	901	•
2 45	1		cront	10/1/100	YES NO.	726	8 Glan	ville Kds	
a Ann	14. FA	THER'S NAME FIRST	WIGGLE	LAST	15. MOTHER'S MA		MIGGLE	CROWN	
0 0	Iáa W	FRNEST AS DECEASED EVER IN U.:	S ARMED FORCES?	ADY 16b. SOCIAL SECURITY	NO. 17. INFORMANT	SAN	ADDRESS	OCOWN	
BALTIMORE GIVE PASS THE FE PAGE VISIO	(YE	S, NO, OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)			ADY S	AME AS 13	WIFE	
- W	H	18. CAUSE OF DEATH (En	ter only ane cause per lir	577-38-7	118 IRMA E.	AUT 3	ANIL AS 13	APPROXIMATE INTE	RVAL
		PART I DEATH WAS CA	AUSED BY:	1cute M	VOCYKO	lial	1715	BETWEEN ONSET AND	DEATH
PRESTON ST ITHIN 24 HOI CIL IN ITEM 1 INFR ALONG ANSIT PERMI AL HYGIENE,		4291		R AS A CONSEQUENCE C	4			The Earnest	
PRES ANSI		Canditians, if any, v							
201 W. PRE UTED WITHI IN PENCIL I EXAMINER EXAMINER EXAMINER MENTAL I DON, OR REA		cause (a) stating the u lying cause last.		R AS A CONSEQUENCE C	F				
CUTED CUTED IN PRINCIPLE EXAMPLE EXAMPLE EXAMPLE EXAMPLE IN PRINCIPLE		17 mg coose 10st.	(c)						
TECORDS D BE EXECTED BE EXECUTED BE	7	PART 2 OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN II	N PART 1 (d).			
L RECORDS, 2011 ULD BE EXECUTED "FENDING" IN PIF FF MEDICAL EXAL ED AS A BURIAL HEALTH AND ME HEALTH AND ME AL, CREMATION, ON PIF NOTE OF THE	CERTIFICATION	19a, DATE OF OPERATION	5 NE	OITION FOR WHICH OPERA	TION WAS PERFORMED?			20 AUTOPSY?	
SHOULD DRD "PE CHIEF N E USED A T OF HE/ URIAL, C	FIC	1/	F 14	MONTOR WHICH OF ER	THOIT WAS FERI ORMED!	1.1			10 🖭
OF VITA ATE SHO THE CHILL BE US MENT OF MENT	ERT	210. EXTERNAL CAUSE WA			21c HOW INJURY OCCUI	RRED (ENTER NATURE	OF INJURY IN ITEM 18 PART 1		010
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN IN ROED TO THE CHIEF MEDICAL EXA RES SHOULD BE USED AS A BURIAL. E DEPARTMENT OF HEALTH AND MI	ALC	UNDERLYING OR		M. MONTH DAY YEAR M. 19		(1			
MISION CERTIFI TING 1 DED TO DEPAR I PRIOI	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
DIVISION OF VITAL R THIS CERTIFICATE SHOULD E, WRITING THE WORD PRARARDED TO THE CHIEF PRAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE 9, 21201 PRIOR TO BURIAL,	2	AT WORK AT WORK	E 🗆 🕯	CTORY, PARM, ETC.)	STREET	CIII	OKTOWN	COUNTY	SIAIC
		22a. I certify that I taak	charge of the remains d	escribed abave, held an	Autapsy , Inspec	ction 🚉 Inc	quiry , and in n	ny opinion	-
MANNE BE F FCTO		death resulted fram:	Natural causes	Accident , Sui	cide , Hamicide	. Undetermin	ed manner .		
EXA CERT JID 1 DIRE WARN		1	0 1	1	TITLE (SPECIFY)			
CAL EXA THE CER SHOULD ERAL DIR EATH, WIL		SIGNATURE	topo	ase	y M.D. Dep	MEDICAL	EXAMINER S	ATE Barch 5/9	03
W DE COM	1000	EXAMINER'S NAME		20500	10	10 CENTRA	וחע מאוח פד	LVER SPRING,	MD
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	23a BI	(TYPE OR PRINT)		LIZE NAME OF CEN	ADDRESS 19	19 SEMINA			
	(5	PECIFY)	2/6/67		HEAVEN CEMETE	CITY OR TO	WN	MONT N	AD.
BP	24. FU	BURTAL UNERAL DIRECTOR FOA	NCIS J. GOL			TE REC'D. BY REG			11/-
DHMH - 17 (VR A15 ME (5))				SELING LIVER SPRING.	MD. 20901 M	AR 1 0 198	3 John	Ir commit	



DHMH-16 25M (VRA 15, 4) 1/79

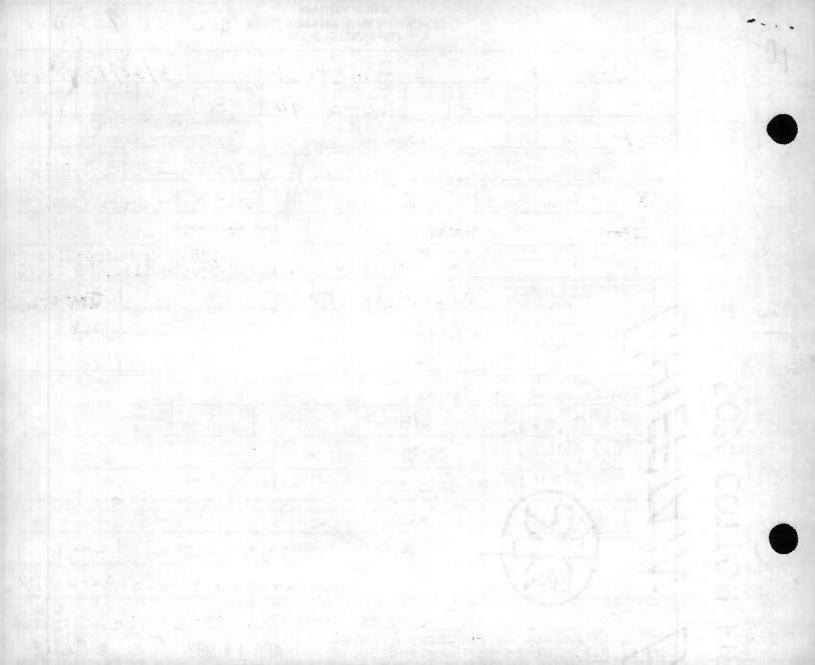
24 FUNERAL DIRECTOR J. Wm. Lee's Sons Co. 300-4th St. NE, Wash., DC20002

V.B.V. United States Conner- Contons Birth Good Becore 9 197 1011 0119 Meryland Erine Georg Hyer, ale cn ligned 1. I IS I 7-+-217 clim (...o.no.)2 2 -6.11 some slv... Willey of Old of the son Perca 7,1933 Jean Hill Deserge Willam , Mar Jan Infrau d. n. Lee's Sons Ja. 300-113 St., M., ash., DZuuz hir I. B. j.

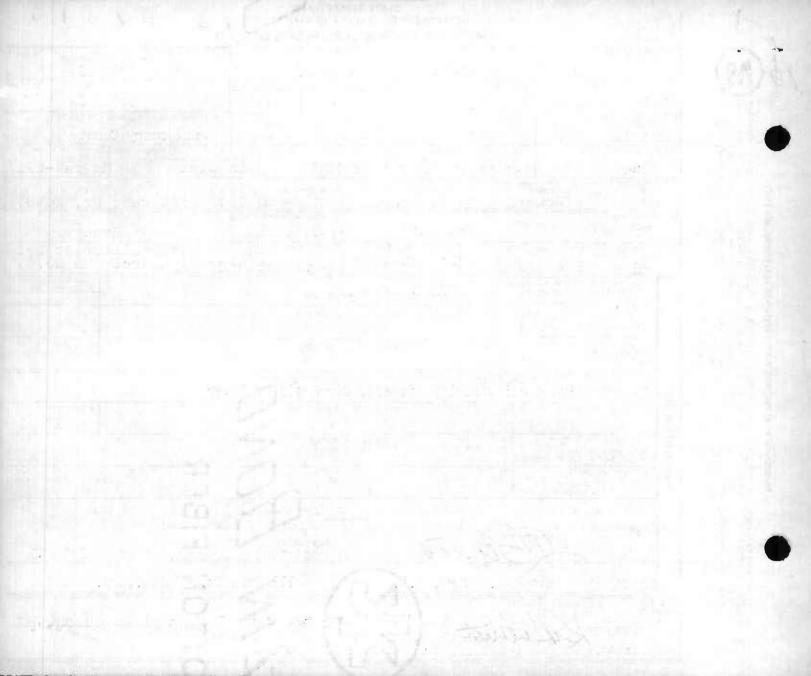
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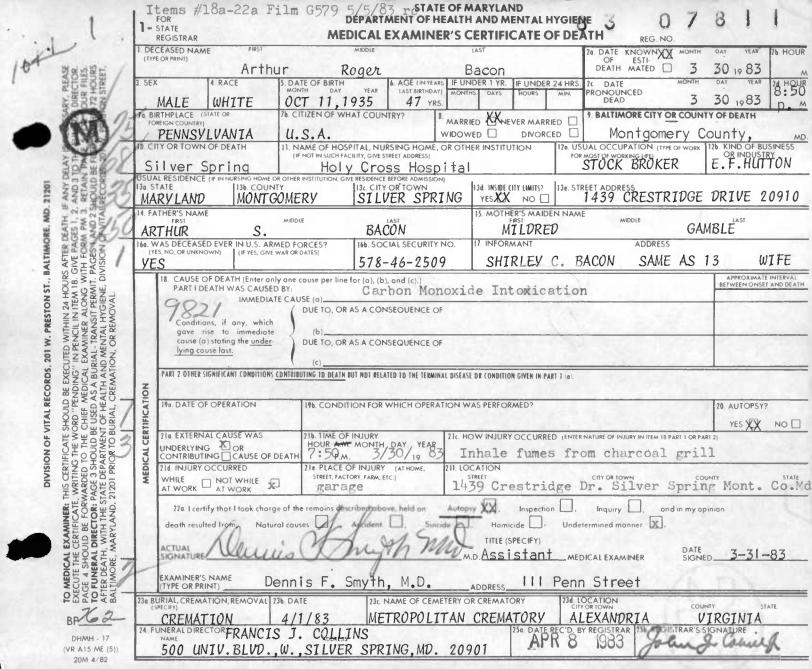
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	1		STAT	E OF MARYLAND		100 Page 100
	1-	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	7809
W.5		ASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	0 83 930 0M
oge deat		JOSEPH	J. A	MSTOCH	3/2	0/00//
offer. p	3 SEX	4 RACE	MONT		6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER TYEAR IF UNDER 24 HRS
oge irrecte			casian	5 94	YRS.	0000000
The 2 ho	I C	INITIDUS	EN OF WHAT COUNTRY? 8. MARRII	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
funerol thin 72			ted States WIDOW		Montgomery (
by the filled will	Ве	thesda TENC	OT IN SUCH FACILITY, GIVE STREET ADDRESS)	asia, House	(Type of work for most of working LIF Electrician	126 KIND OF BUSINESS OR INDUSTRY U.S. Government
filled in could be founded be	Ma	RESIDENCE (IF NURSING HOME OR OTHER INSINATE NOT	ery Bethesda	YES X NO	13e STREET ADDRESS 5817 Ogden Co	ourt (20816)
MAKE THE PROPERTY OF THE PROPE		HER'S NAME Alfred MIDDLE	Amstock		t Available	LAST
BALTIMORE, ote be execution and separate from the result of the result o		(S DECEASED EVER IN U.S. ARMED FOR (NO OR UNKNOWN) (IF YES, GIVE WAR OR D		David C. Bu	22006 New arch Brookevil	Hampshire Av 1e, MD 20833
ST., BAL grafficote grafficote en paper mmoval event, th		CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	PENDIDAM	+ Priwa		BETWEEN ONSET AND DEATH
		4960 DUE	TO, OR AS A CONSEQUENCE OF			TEM
PRESTON he death or may core motion, ar		Conditions, if any, which gove rise to immediate	(b) 0000			104.2
201 W. Process that the ned by the please renural, cremit, or other to the reconstructions.			TO, OR AS A CONSEQUENCE OF			
	NO	011	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART Tro
AL RECO	CERTIFICATION	DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION	DN WAS PERFORMED	20a AUTOPSY? YES NO X 20b. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
OF VIT.			TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18. P	ART I OR PARI 2)
DIVISION OF VITAL RECORDS, NG PRIVSICIAN. The time requirement of the control of	MEDICAL	Id. INJURY OCCURRED NA 21e.	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDING OF TOP A STANDING OF Heads of Heads 21 a mag	N	20.1 certify that (1) (this haspital) after saw the deceated alive an above. (1) (Ne) (did) (did not) view the	1- 1	and that in they (our) opinion of	death occurred an the date and have	19 , that (we) last r and from the causes stated
At OR A the hor At Diffe sets ched the Dept T. If hem	3	76. SIGNATURE	- M.O	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	3 LO Py
HOSPH oned by modd be in the Str		2d PHYSICIAN'S NAME (TYPE OF PRINT)		11404 OLD	TECROE TOWN RO	, packing the
8P	(1983 Gate o	of Heaven Ce		
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FU Hon	es, P.A. Bethes	. Pumphrey Fur da, Maryland 2	neral 20814 AP	R 1 1 1983	RAR'S SIGNATURE



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		REGISTRAR			ME		EXAMIN	ER'S C	ERTIFIC	CATEC	F DEA	TH	REG.	NO.			
100		EASED NAME				WIDDLE			AST		1	2a. DATE OF	KNOWN ESTI-	X MON	TH DAY	YEAR	26 HOU
			Arl	kady	(NMN)		As	tahof	f		DEATH	MATED	□ 3/	18/8	319	
- 1	3. SEX		4. RACE	MON	TE OF BIRTH	YEAR	6. AGE (IN YE)		DER 1 YR.	IF UNDER	24 HRS.	2c. DAT		MONT	H DAY	YEAR	12:0
	Ma.	le	White	1 2		-36	46 YF		DAIS	HOURS	MIN	DEA	D	3/	18/8	319	P
1	7a. 81	RTHPLACE (ST	ATE OR	7b C	ITIZEN OF W	HAT COUN	ITRY?	I. MARRI	DXXNE	VER MARR	IED 🗆	9. BALTI	MORE CITY	OR COL	JNTY OF	DEATH	
	R	ussia			USA			WIDOW	D 🗆	DIVORC	ED 🗆		ontgon			ty	A
6		Y OR TOWN	OF DEATH	11. N	AME OF HOS	SPITAL, NU	RSING HOME			TION			UPATION (TYPE OF WOR	RK 12b K	OR INDUST	JSINESS RY
		01ney		Mo	ontgome	ery Ge	eneral	Hosp	ital		Lin	guis	st		McG	Graw-	-Hil
24	USUA 13a. S	L RESIDENCE	(IF IN NURSING H	OUNTY	INSTITUTION, G		OR TOWN		13d. INSIDE C	ITY LIMITS?	13e STRI	EET ADDR	RESS				
1	Ma	cyland		lowar	d		Laure	_	YES.		109	09 I	Hillo	res	t Dr	. 20	907
2/	14 FA	THER'S NAME		MIDD	IF.		LAST		15. MOTH	ER'S MAIDE	NAME		MIDDLE			LAST	
2		Proko	p	Midd	A	stah	off		Ak	ulina	a		MIDDEL		Ivan	4.1-01	
0		AS DECEASED		ARMED FO			IAL SECURITY		17. INFOR/			1	10909	SS Hi.	llcr	rest	Dr.
4		ES		0-19	63	144	-28-8	384	Soj	a Ast	taho	ff V	√. La	ure	1, M	1D 20	707
		18 CAUSE O	F DEATH (Ent	er anly ane											/	APPROXIMATE	EINTERVAL
		PARTIDE	ATH WAS CA	AUSED 8Y: EDIATE CAL	JSE (a)	Subara	achnoid	l Hem	atoma	15-			Y 176				
		430		(, ,	AS A CON	ISEQUENCE ()F			Total			75		7977	
			ns, if any, w		(b)												
OR REMOVAL		cause (a)	stating the ur		DUE TO, OR	AS A CON	ISEQUENCE ()F								TL47	
5		lying cau	se last.		(c)												
5		PART 2 DTHER SIG	GNIFICANT CONDI	TIDNS CONTRIB	UTING TO DEATH	BUT NOT RELA	TED TO THE TERM	NAL DISEASE	DR (DNDITID	N GIVEN IN PA	RT 1 (a)						
	NO	Hyper	tensiv	e card	diovaso	cular	diseas	e, C	irrho	sis o	fliv	ver					
The state of the s	MEDICAL CERTIFICATION	19e. DATE OF	OPERATION		196. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20	AUTOPSY	?
5	TIFIC															YES [X	NO [
1	CER	210 EXTERNA	_	NS .	216. TIME OF	F INJURY	DAY YEAR	21c. HC	W INJURY	OCCURRE	DIENTERN	NATURE OF I	NJURY IN ITEM	18 PART 1 OF	R PART 2]		
2	N.	UNDERLYING CONTRIBUTION	OR CAUSE	OF DEATH	P.M		19										
	EDI	21d. INJURY C	CCURRED		21e PLACE	OF INJURY			ATION								
	×	AT WORK	NOT WHILE		STREET, PAC	TORT, PARM, E	IC.)	5	REEI			CITY OR TO	OWN		COUNTY		STATE
			y that I taak			andle and arbon	. 6.11	Autaps	<u>X</u> .	Inspection				11	1731	3	
Н			•	cnarge at in Natural cau							1	Inquiry		and in my	/ apinian		
		death resulte	ed fram:	Natural cau	yes LAI,	Accident	الــا, کارا	cide .		cide .	Undete	ermined m	nanner	١,			
		ACTUAL	1	41	7/1	and)			istan	+			DA	TE SNED	3/19/	83
1	-	SIGNATURE_	1	16	100			M.	1133	13 cuii	MED	ICAL EXA	MINER	SIG	NED	3/ 13/	00
		EXAMINER'S	NAME	Hormez	R. Gu	uard.	M.D.		Dantes	111	Penn	St	Balt	0	Md.	21201	
-	23c DI	TYPE OR PRIN	***				NAME OF CEA		DDRESS_			CATION		- ,			
	230.BI	Burial	ION, KEMOV	3 /2							CITY	ORTOWN			OUNTY	• 5	TATE
		INERAL DIREC		7/2	1/83	DC	. Vlac	IIMI:	rs Ce	250. DATE	REC'D. BY	Jack REGISTR	AR IN RE	GISTRA	SSIGNA	ean.	NJ
,	- 10	ner E	100	nhra	ABBAS.	P. P.	O.Box 1.Spr	/42 MD	2000	MAND	2.419	383	0	0			
))	va.	TICT E	. Full	MITTE	y , 111	C.DT.	TOPI	· hill	2000	INHI	Bod or Iv		-				





AND DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PARTY

TO DEFE STATE MENTERMERY Mariage Warfe Manuford Mrs Stree Continuence of Homemore Will margaret many that is the thing that the Sentence E RAMAGON PORTS 180 180 7 Contras J- Pares Se - Tuer Straited TE Busic Mad 31-1853 Lange Hodgington Loja D. P. Ko. T.

County 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY MUSIC TEACHER D.C. SCHOOLS 20815 5405 GREY STONE STREET LAST LEECH ADDRESS HENRY BARDACH (Husband) See Item 13 APPROXIMATE INTERVAL Ex montes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN CREMATION 25 MARCH 83 LEE CREMATORY WASHINGTON. BP 250. DATE REC'D. BY REGISTRAR 256 GISTRAR'S SIGNATURE 24 FUNERATOR TAM LEE'S SONS COMPANY DHMH - 16 50M 4/82 300 4th St. N.E. WASHINGTON, D.C. 20002 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

IF UNDER 24 HRS.

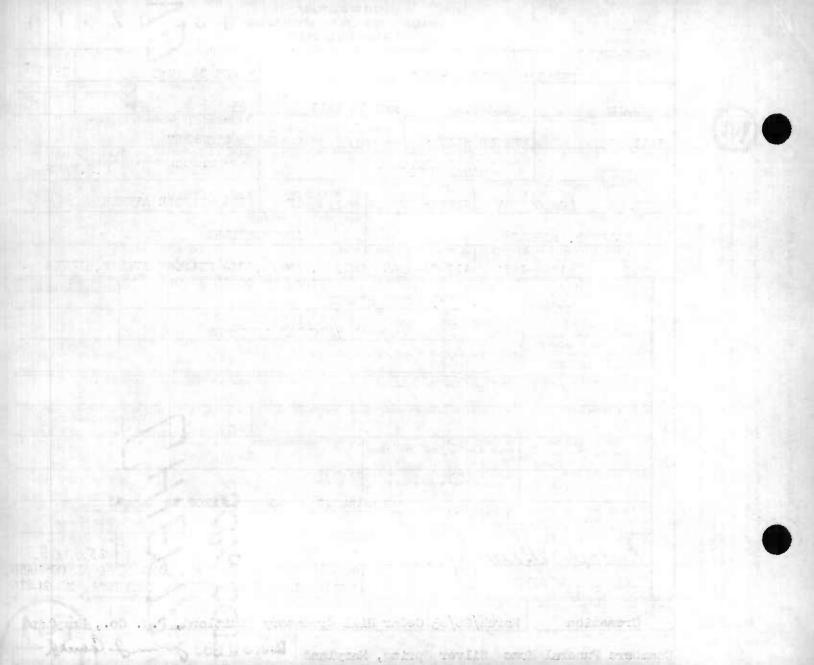
IF UNDER 1 YEAR

FOR

REGISTRAR

- STATE

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	le le le le		
Alacha, a.t.	ABAMP (Est of the	29 PERM 03) <u>r</u>
Malas Sans Sang on PA	5.8.2		M I LLE . L 360 lth of:



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IMPORTANT: If Item 21 is marked or Item 18 shows any

1331 Rockville Pike Rockville, Maryland

moy be

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
MAR 281983

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.				
		CEASED NAME FIRST	M	IDDLE	1	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR		
	(TYPE	Miriam Miriam	E	thel	Bar	se		3 20	83	11:15 a.		
	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI		UNDER I YEAR			
		Female	White		Jan		60	YRS.	DAYS DAYS	HOURS MIN.		
7		RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY O	F DEATH			
1		shington, D.C.	USA			D DIVORCED	Montgome	ery	MD			
0	R	OCKVILLE	7005 W	olftree La	ane	DR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NOT ON		126. KIND C INDUSTRY NO	of Business OR		
5	130 S			GIVE RESIDENCE BEFORE 134. CITY OR TOWN Rockvi	٧	13d, INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 7005 Wolft	ree La	ne 20	852		
1	14. FA	FATHER'S NAME John Long IS. MOTHER'S MAIDEN NAME Julia Julia					WIDDIE	Ne ll y				
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	215-62-		17 INFORMANT	ADDR					
	no			213-02-3	0000	George R. B	arse same a	ıs 13e				
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE							BETWEEN	IMATE INTERVAL		
			TE CAUSE (o)	cardio re	spira	tory arrest			1:	5 min.		
		Conditions, if ony, which	DUE TO, OR	as a consequence incinomate	NCE OF OSES-	cerebral meta	stasis		2 1	months		
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	as a consequence inoma	of ga	ll bladder			4 m	nonths		
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	VIN PART I	0		
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, V		INGS USED S OF DEATH?		
L	E I						YES NO	YES		NO 🗆		
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	F INJURY		211 LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE		
H	2	WHILE NOT WHILE	(AT HOME, STRE	ET, FACTORY, OFFICE, FA	(RM, ETC.)	SIRCEI	211 04 10	,,,,,		31016		
		220.1 certify that (I) (this hasp	tologotended the	deceosed from_	2/3/	. 19_70	, to3/20		83	that (I) (we) lost		
	1	obove, (I) (we) (did) (did no	t) view the body	ofter death.	, 01	nd that in (my) (our) opinion	death occurred on the d	ote and hour a	and Irom the	couses stated		
		22b. SIGNATURE	1 Don	2	>	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN []	3/20,			
1		224 PHYSICIAN'S NAME THE	a free f	11122	1	22e. ADDRESS						
1		Stephen N. Jon	es/			809 Viers Mi	11 Rd. Rocky	rille, M	d. 208	350		
	23a. B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION	No charge	COUNTY.	(1416		
	E	Burial	3/22/8	33 Ft.	. Lin	coln Cemetery	Brentwood,	, Maryl	and	STATE		

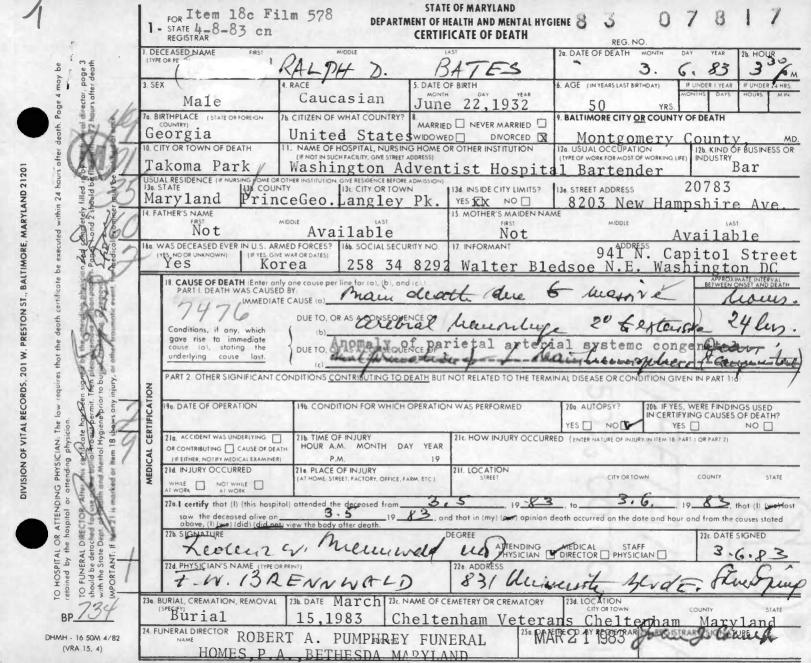
DHMH - 16 50M 4/B2 (VRA 15, 4)

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	1		STATE OF MARYLAND	
6	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH	7816
		CEASED NAME FIRST		OAY YEAR 26 HOUR
be 3	(TYP	E OR PRINT) Amy	T. Barton. March	30 1983 LAM
You moy	3. SE	X 4.	RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- 6 (M)		remale	White 12 PAY 14 68 YRS.	MONTHS DAYS HOURS MIN.
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he law range. has been permit. ene prio	5	196. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
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(VRA 15, 4)	1/	Wester Mellers	Takoma Füheral Home. 4 1983	- On murrily

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Moorefield. W.Va.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

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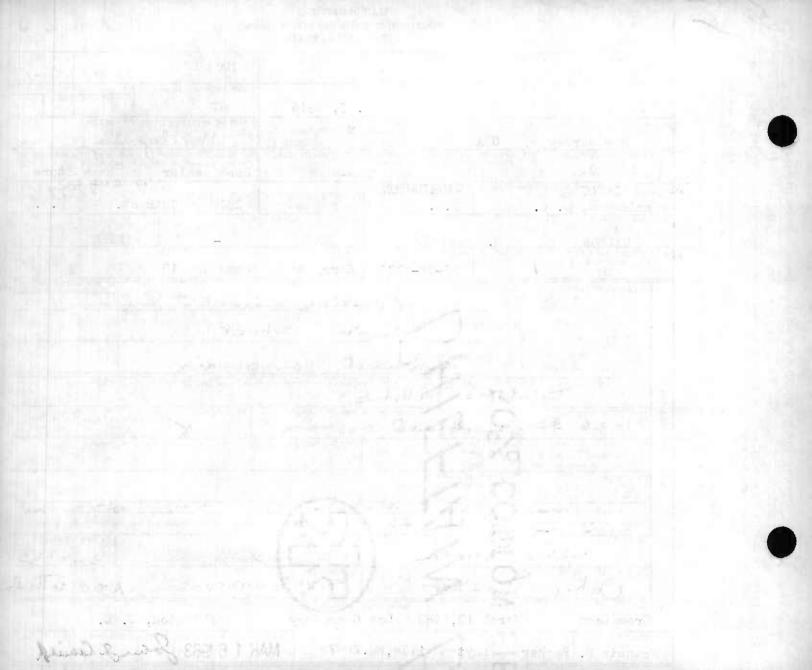
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George K. Chambers .

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or or see of the months of the see of the se	220.1 certify that (I) (the has	etal) attended the deceased from	Segtenber 1981	_, to	19.83, that (I) (34) lost
TTEN TTEN TOR for u	sow the deceased alive a	n 3-12 198-	, and that in (my) (opinion	death accurred on the date and hou	r and from the causes stated
I OR A the hos A L DIREC	226. SIGNATURE	Tark	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
CO HOSPITA etoined by TO FUNERA should be de with the Stol	22d. PHYSICIAN'S NAME (TYPE	Touber	22. ADDRESS 82181	wis consin	Ave - Bettealer
(194999)	230. BURIAL, CREMATION, REMOVA	March 13,1983	Me of Cemetery or Crematory Lee Crematory	Washington, I	O. COUNTY STATE
DHMH 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR Francis H. Bark	er Laytonswill		R 1 6 1983	RAR'S SIGNATURE



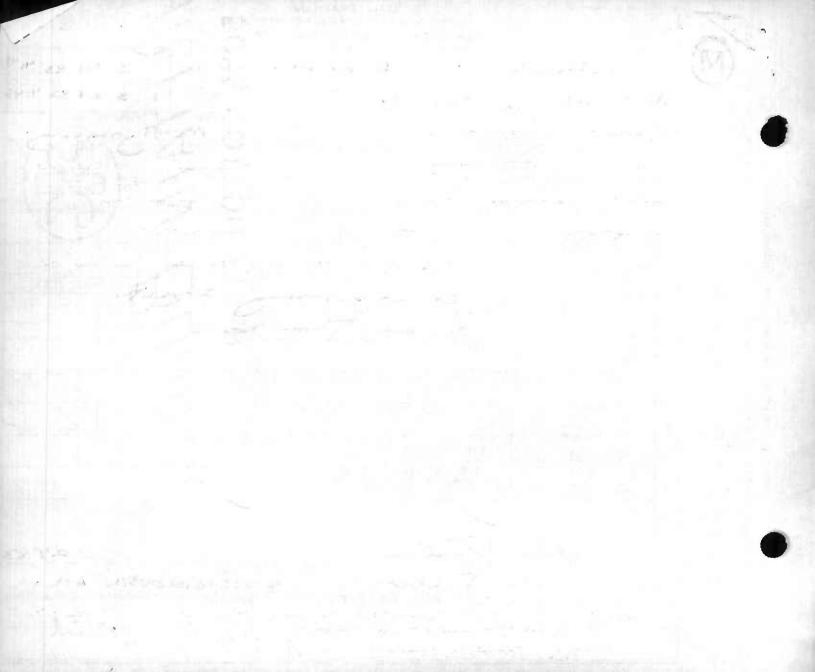
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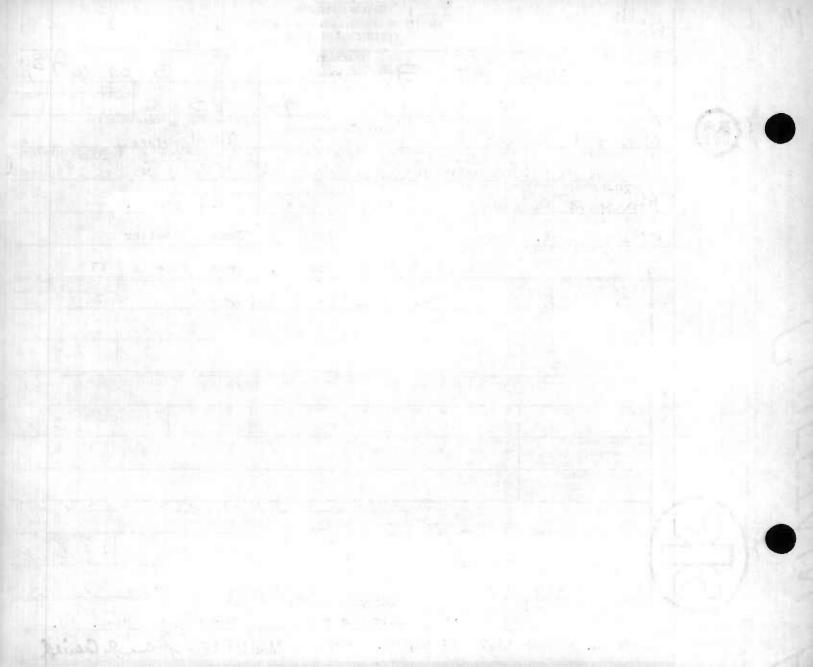
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-4.48 Catherine Bobrink DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. 4. RACE 5. DATE OF BIRTH YEAR SEX IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED E8 4 2, 1910 72 DEAD Female Cauc. Dec. 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) United States Pennsylvania WIDOWED DIVORCED FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPROF W Barnwood Lane IRS AFTER DEATH. IF ANY DELAY.
3. GIVE PAGES 1, 2, AND 3 TO TI.
WITH FORM PM 3. RETAIN PA.
PAGES 1 AND 2 SHOULD BE FI Potomac Secretary Engineering USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Zip: 20854 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 10713 Barnwood Lane Marvland Montgomery Potomac 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Not Available Loefflad Not Available 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 159-01-227 Elizabeth B. Richardson, Daughter, Same 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE OVERVAL BETWEEN CHIEF THE DEATH BURIAL - TRANSIT PERMIT. USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (q. Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ICATE, WRITING.

F CRWARDED TO THE USE PAGE 3 SHOULD BE USE PAGE 3 SHOUL 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO P 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WITH THE STATE DEB BALTIMORE, MARYLAND, 21201 PI AT WORK AT WORLE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER 218 6 ISCONSIN EXAMINER'S NAME ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE March 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Cremation Metropolitan Crematory Alexandria 26, 1983 Virginia BP. Pumphrey Funeral Homes, 250 DATE REC'D. BY REGISTRAL 156 R 24. FUNERAL DIRECTOR **DHMH-17** Rockville, Maryland (VR A15 ME (5)) 15M 2/80



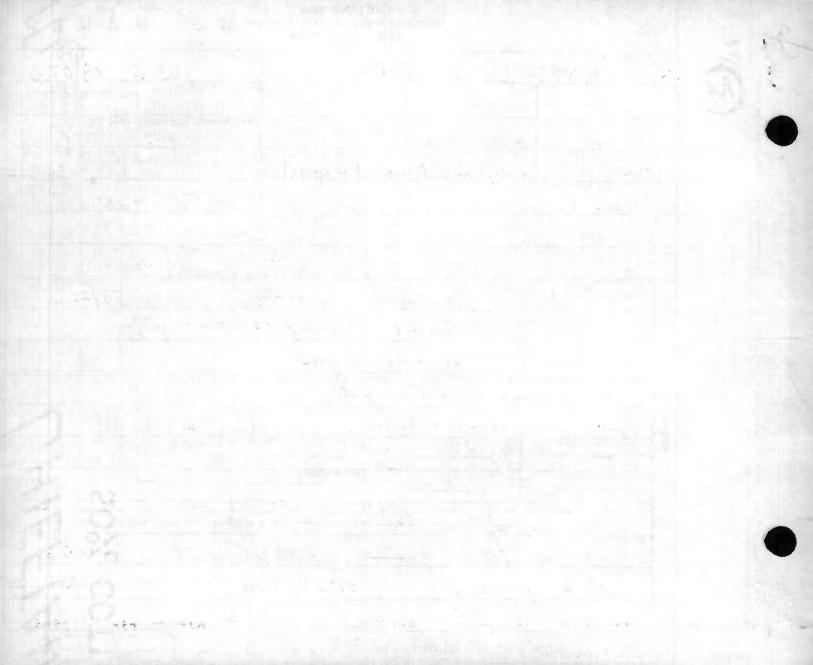
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	(VRA 15, 4)	* '			,	IV	IMIN & 0 1903	your .	on way	N.



11.	FOR STATE		TE OF MARYLAND HEALTH AND MENTAL	HYGIENE 3	7825					
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or at Sec	PECEASED NAME MARY FIRST E	ELIZABETH MIDDLE	Boper BO	GER 70. DATE KNOWN DE STI- DEATH MATED C	3-10 1983 14 A					
3, SE	Ferra White	MONTH DAY YEAR LAST BIRTH	EARS IF UNDER 1 YR, IF UNDIDAY) MONTHS DAYS HOURS	R 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR					
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Mc Mc	JAL RESIDENCE (IF IN NURSING HOMEO STATE 20814 136. COUN' Mont	r other institution, give residence before admis ty 13c. CITY OR TOWN Bethesd:	13d. INSIDE CITY LIMITS?	- I FAOF II - A O- 3-	r Lane 20814					
PA	FATHER'S NAME Arthur Rees		15. MOTHER'S MAI	DEN NAME E. MIDDLE	BELL LAST					
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	22a I certify that I took charge	e of the remains described obove, held on ol couses . Accident . S	Autopsy , Inspect vicide , Homicide TITLE (SPECIFY)	Undetermined monner ,	DATE SIGNED					
2 730.6	EXAMINER'S NAME OO	hn Touber	ADDRESS \$ 2	18 wis consu	n Dre.					
	BURIAL, CREMATION, REMOVAL 23 (SPECIFY) Burial FUNERAL DIRECTOR		metery or crematory ptown 1250. Date	23d. LOCATION CITY OF TOWN Kemptown F3 EREC'D. BY REGISTRAR 1995 REGIS	county state rederick Md					
	NAME	ADDRESS	20879 MAI							

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3.	1-	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	3 0 0	7826
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TAL RECORDS, 20 The law requires icion. The has been signed sist permit. Then playing giene prior to buring shows any injury, or	CERTIFICATION	Transpon 190 DATE OF OPERATION 3/24	196 CONDITION FOR WHICH		20a AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \ NO \
NG PHYSICIAN: The ottending physician ther this certificate h as the burial-transit ph and Mental Hygier th and Mental Hygier	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH DA	19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2) COUNTY STATE
R ATTENDI haspital or IRECTOR: A hed for use hed for use ept. of Heal		228.1 certify that (1) (this hosp sow the deceased alive or	ottended the deceased from 3/25 19 Services the body ofter death.	DEGREE	deoth occurred on the date and hou	19_83 that (II (we) last r and from the causes stated 22c. DATE SIGNED
TO HOSPITAL Oretoined by the TO FUNERAL D should be detoc with the Stote D IMPORTANT. If it		22d. PHYSICIAN'S NAME (TYPE OF A). Scit.	uta town	ATTENDING PHYSICIAN 220 ADDRESS 9715 Medic	medical staff physician cal Center Dri	ve RockvilleMd
BP	(BURIAL, CREMATION, REMOVAL	26,1983 Me	name of cemetery or crematory tropolitan Crem		
DHMH - 16 50M 4/82 (VRA 15, 4)	HC HC	DMES, P.A., ROC	T A PUMPHREY KVILLE, MARYLA	FUNERAL APF	JEREC'D. BY REGISTRAR STYREGIST	2. Cohuld



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST KNOWN MONTH 20 DATE (TYPE OR PRINT) ESTI-ALVA DEATH MATED W BOSWELL 83 19 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Female. Cauc. 19 83 127 M DEAD 08-21-11 71 YRS 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY County Virginia United States DIVORCED 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR OTHER INSTITUTION BETHESDA SUBURBAN HOSPTTAT Clerk Accounting USUAL RESIDENCE LIF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Zip: 23666 NIL COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Virginia None Hampton NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIR5T MIDDLE Lida Walter Ware Hudson Betsy B. Bednarcyk 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 231-22-6753 8619 Timber Hill Lane Potomac MD No CAUSE OF DEATH (Enter only one cause per line fgr (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY OCARDIAL IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE Ø Canditians, if any, which PRIOSCIERAS! gove rise to immediate cause (a) stating the under-USED AS A BURIAL -OF HEALTH AND MEI RIAL, CREMATION, O lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION %. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21201 PRIOR TO BURIAL, YES [] NOL EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTIMENT BALLIMORE, MARYLAND, 21201 PRIORTO BL 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 POR HOUR-AM MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 273 19/3 COLLAPSED 21e PLACE OF INJURY 2 If LOCATION AT WORK NOT WHILE HOME AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from Suicide Hamicide Undetermined manner EXAMINER'S NAME 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Peninsula Mem. Cem. Newport News PAME Robert A. Pumphrey Funeral **DHMH-17** (VR A15 ME (5)) P.A. Bethesda, Marvland 15M 2/80

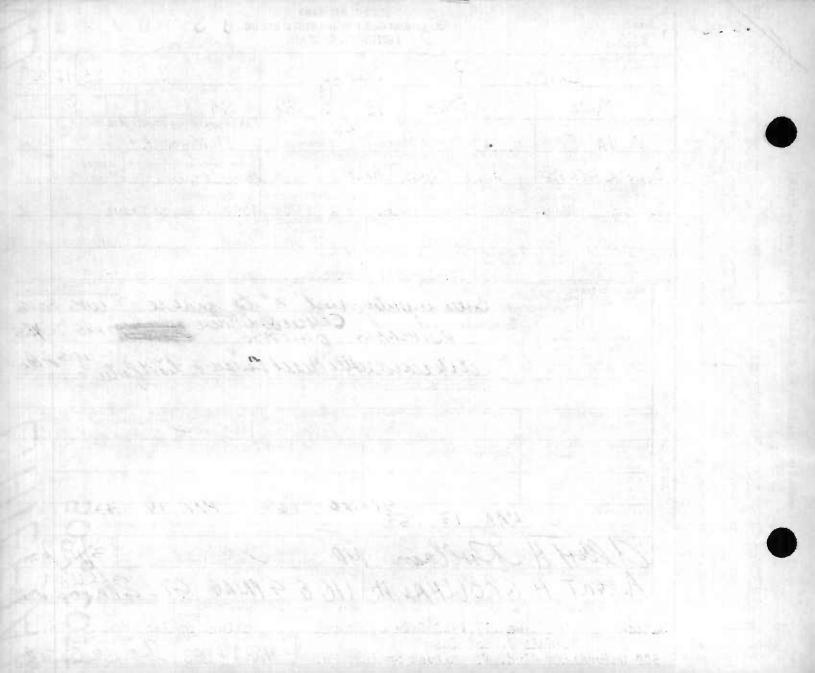


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500 University Blvd. W. Silver Spring.

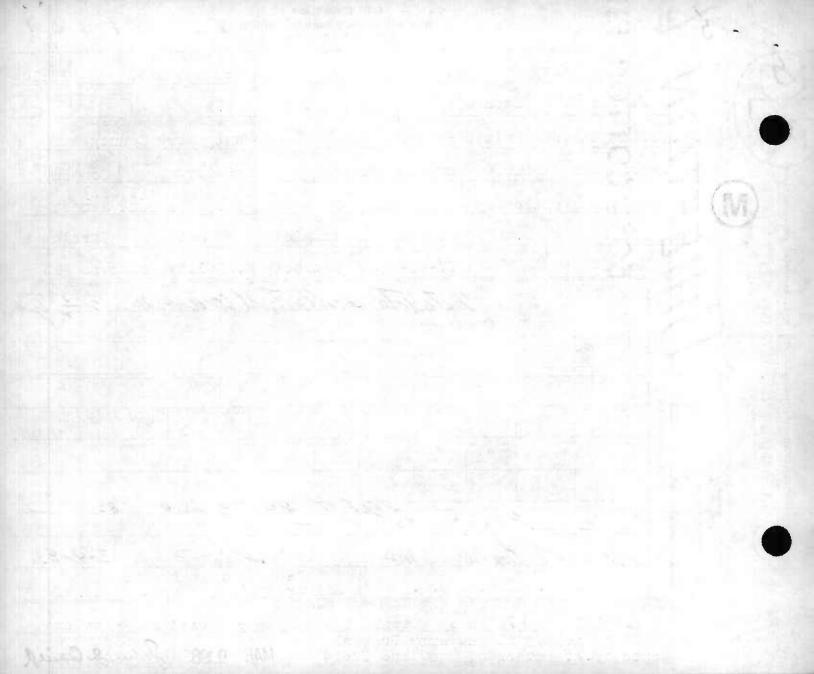
FOR - STATE

DHMH - 16 50M 4/B2 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) Mary Bowman 1983 March 4. 3 SEX 4. RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR Female July 28, 1911 Caucasian TO BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, DC Montgomery County WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LIYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRYPower Fawcett Street Kensington 10306 Cashier Company (20895)13e. STREET ADDRESS Marvland Montgomery Kensington 10306 Fawcett Street IS MOTHER'S MAIDEN NAME Ziba Mae Tennie Carrick Bowman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO A 17 INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-05-0244 Elizabeth B. Kelley, same as 18 CAUSE OF DEATH | Enter only one couse per line for to 10 | DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX Sho 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINERS 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on , and that in (my) compopinion death accurred on the date and hour and from the causes stated 27h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 3-4-83 MD 276 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 9801 Georgia Avenue ld b MPORT Seruch T. Kimble, M.D. Silver Spring, Maryland 20902 230 BURIAL, CREMATION, REMOVAL 23b. DATEMarch 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION Burial 7. 1983 Cedar Hill Cemetery Suitland, Maryland 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH - 16 50M 1/B1 (VRA 15, 4) Homes, P.A. Bethesda, Maryland 20814

STATE OF MARYLAND



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with the Store Dept. or results were 18 shows only injury, or other troumotic event, the medical examiner of IMPORTANT: If Item 21 is marked or Item 18 shows only injury, as other troumotic event, the medical examiner of

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE SA

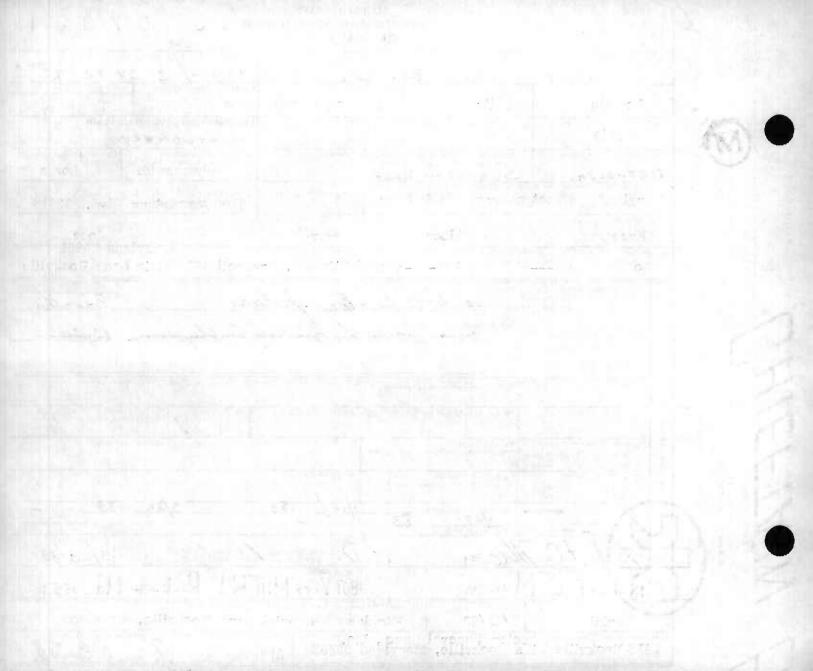
2	1 -	STATE REGISTRAR				CERTIF	ICATE O	DEATH		REC	G. NO.			
h		CEASED NAME	FIRST		NIDDLE		AST			20. DATE OF DEAT	H / MONTH	DAY YEAR	2b. HC	DUR
	TITPE		NE	A	. 6	BRANZ	ELL			3 - 28 -	/ 3	28 83	7.	50 A
П	3. SEX	Х	THE PARTY OF	4. RACE		5. DATE C	OF BIRTH			6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YE		DER 24 HRS
		Female		white		11 1 1	10	192	24	58	YRS	MONTHS DAY	S HOURS	S MIN.
_	7a. BII	RTHPLACE (STATE OR F	OREIGN	b. CITIZEN OF V	WHAT COUNTR'		D TO NEVE	DAAADDIE		9. BALTIMORE CIT	Y OR COUN	TY OF DEATH		
1		COUNTRYOhio		USA		WIDOWE		DIVORCE	_ 1	MONTO	-045	ey.		MD.
2	10 CI	ITY OR TOWN OF DEA	TH	11. NAME OF H	OSPITAL, NURS		OR OTHER IN	STITUTIO	N	12a. USUAL OCCU			OF BUSI	
O	B	STHESDA.		SUBI	KBAN	HOSP.				(TYPE OF WORK FOR ME NO	usewife	S LIFE) INDUSTE	hom	ıe
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A	14. FA	THER'S NAME		AIDDLE	LAST		15. MOTHE	FIRST	EN NAM	AE MIDD	LF		LAST	
U		Freeman			Albery		Ma	ary					nes	
	16a W	VAS DECEASED EVER		AED FORCES?	16b. SOCIAL SE		17. INFOR				_	land 20		
		no or unknown)		WAR OR OWIES,	229-20	8420	Willia	m H.	Bra	anzell 522	Calvin	Lane	Rocky	ville
1		18. CAUSE OF DEATH	H (Enter onl	y one couse per	line far (a), (b),	and (cul)		- 4	1 . 1	,		APPR BETWE	OXIMATE IN	TERVAL ND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiores pinatoria factores										3.	world	20
		4970)		AS A CONSEC	UENCE OF	/	/						
		Conditions, if any,	which	(16) Cl	crossic L	Postane	two 1	ulaco.	MAN	Emply	, acres	_ 104	par	0
		gave rise to imm cause (a), stating		DUE TO OR	AS A CONSEO	LIENCE OF			1	//				
		underlying couse	lost.	(c)_	AS A CONSEC	DENCE OF								
		PART 2. OTHER SIGN	IFICANT C		INTRIBUTING TO	O DEATH BUT	NOT RELAT	ED TO THE	ETERMI	NAL DISEASE OR C	ONDITION	GIVEN IN PART	Trai	
	NO.													
1	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDIT	TION FOR WHIC	CH OPERATIO	N WAS PER	FORMED		20a AUTOPSY?		YES, WERE FIN		
r	TE									YES NO	_/	TIFYING CAUS	NO NO	
7	CER	21a. ACCIDENT WAS UND		21b. TIME OF		DAY VEAD	21c. HOW	INJURY O	CCURRE	ED (ENTER NATURE OF	INJURY IN ITEM I	B PART I OR PART	7)	
	AL	OR CONTRIBUTING C		P.A	A, MONTH	DAY YEAR								
1	MEDICAL	21d. INJURY OCCURR		21e. PLACE C	OF INJURY		211 LOCA	TION		CITY	ORTOWN	COUNTY		STATE
	¥	WHILE NOT WHE	ILE	(AT HOME, STRE	EET, FACTORY, OFFIC	E, FARM, ETC)	1	/		CITY	JR TOWN	COUNTY		SIMIE
		22a.1 certify that (1)	(this hospit		degeosed from	70-	1/15/	, 19	83	, to	3/28	19.83	_, that (l)	(we) lost
		saw the decease above, (1) (we) (d	d alive on.	view the body	ofter death.	83	nd that in (m	ih) (ear) ot	piníon de	leath accurred on t	ne date and h	aur and fram t	he causes	stated
	3	22h SHOWA) URE	105	7//		1,	DEGREE			/	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22c. DA	TE SIGNE	D
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1		Koberl	C.	13001	٨		1809 A	iers	4:11	Kd. K	ockvil	e, Md:	1085	1
1	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE		. NAME OF C				23d. LOCATION	(N	COUNTY		
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DHMH - 16 50M 4/82 (VRA 15, 4)

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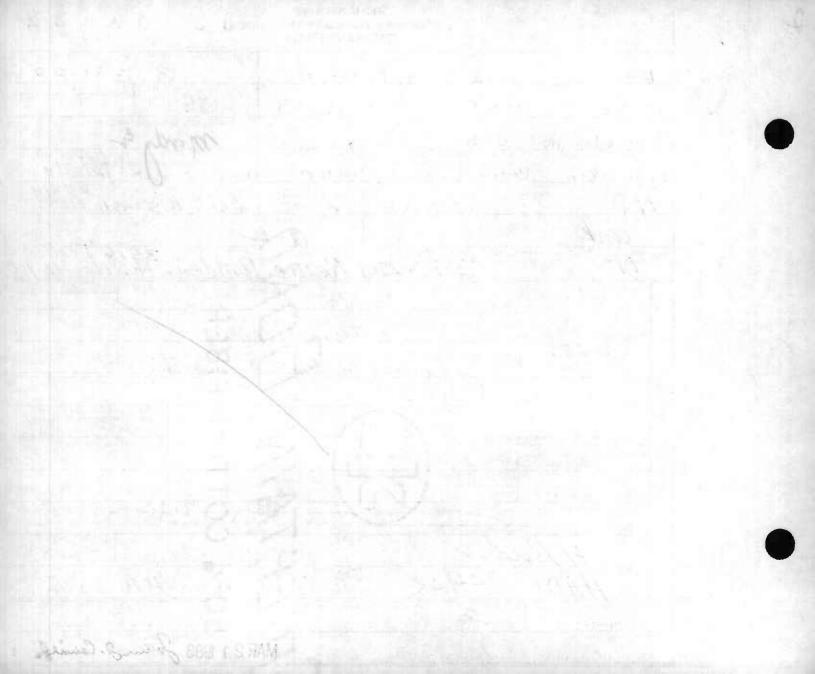
24 FUNERAL DIRECTOR SON 1331 Rockville Wheeler Funeral Home, Inc. Pike Rockville, Maryland 20852 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

APR

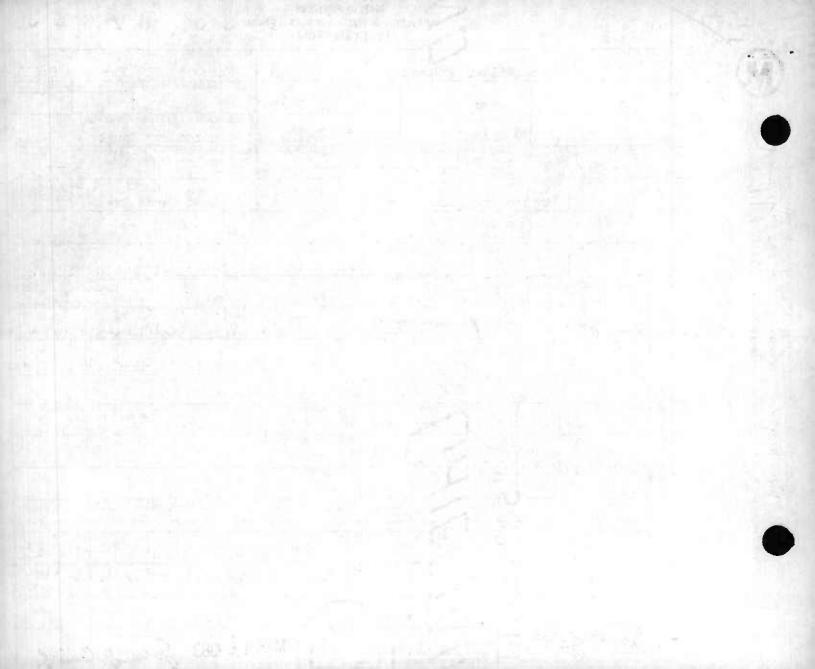


R.N. Horton Co. Morticians 600-Kennedy St. N

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) March]2, 1983 Wilbert Brenton George 5:454 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 31 1902 Male. Cauc Aug TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED COUNTRY Canada America Montgomery County WIDOWED IR CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Takoma Park Washington Adventist Hosp. Sales Bakery BALTIMORE, MARYLAND 21201 DITHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomery Silver Spring YES KI 75 East Wayne Ave MD 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Wilbert Etter Brentoh Victoria ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 9485 Catherine T Brenton (same as # 1923-37 578 12 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY now IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF runteer Conditions, if any, which gave rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS 201 part 2. Other signifycant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 1:0 CERTIFICATION avelions 0 mous 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? aldring al Coste NO I Mentol Hygi 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART | OR PART 21 00 MONTH DAY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 50000 ans saw the deceased olive an_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 226. SIGNATURE DEGREE 22c. DATESIGNED 1212 UST ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN T 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS d b MPORTA MARQUEZ B31 Universe 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE Burial 3/14/83 Jefferson Reformed Jefferson Md DHMH - 16 50M 1/B1 E. Pamphrey INc. Sil. Spr. Md. 2091 MAR 16 (VRA 15, 4)



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STATE OF MARYLAND

Ü	1 -	STATE REGISTRAR			CERTIFIC	CATE OF DEATH	REG. N	0.		,
		CEASED NAME FIRST ERNES	ST F	DIE	BAS	RIFI	20. DATE OF DEATH	3 17-	83	6.50 P
		RTHPLACE (SLATE OR FOREIGN	4 RACE Uh:	ite	5. DATE OF	an 9a	6. AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN.
7	10 CT	TY OR TOWN OF DEATH IVER SPRINGS		11.	WIDOWED HOME OR	DIVORCED OTHER INSTITUTION	00	SOMER ION II	Y Zb. KIND OF	MD. BUSINESS OR
5	"USŲA 13a. S	AL RESIDENCE HE NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION GIV ITY 13 Comery	RESIDENCE BEFORE ALL. CITY OR TOWN Silver	11	38. INSIDE CITY LIMITS?	136 STREET ADDRESS			20902
0	14 FA	THER'S NAME PETER Briel	WIDDLE	LAST		Mary Huth	MIDDLE		LAST	1 - 6
		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) I (IF YES, GIV NO	E WAR OR DATES)	6. SOCIAL SECURI	14 NO.	Jean B. Noe	Silver Spi 1-daughter			
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT SOME Conditions, if ony, which	D BY: E CAUSE (0)	Apr (a), (b), and (R	poch			APPROXIM	ATE INTERVAL NSET AND DEATH
	NOI	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	(c)	S A CONSEQUEN	ICE OF		vjnal disease or con	DITION GIVEN II		
-	Ě	Cic	7100	LET TO	100	-0	view w			,

ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED

NOT WHILE

MONTH

AT HOME STREET, FACTORY, OFFICE FARM, ETC)

216 TIME OF INJURY

P.M

21e PLACE OF INJURY

HOUR A.M.

23b. DATE

3-21-83

DAY YEAR

211 LOCATION STREET

NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO

COUNTY

STATE

STATE

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(our) opinion death accurred on the date and hour and from the causes stated

CITY OF TOWN

deceased alive

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN

220 DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRES

23d. LOCATION

230. BURIAL, CREMATION, REMOVAL Burial

COUNTY

Fort Lincoln Cemetery Colmor Manor, Md. Mo. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Lee Funeral Home 300-4th St. N.E. Wash.D.C. 200021

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

MPORTANT: If them 21 is marked ar Item 18 shows any

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MEDICAL

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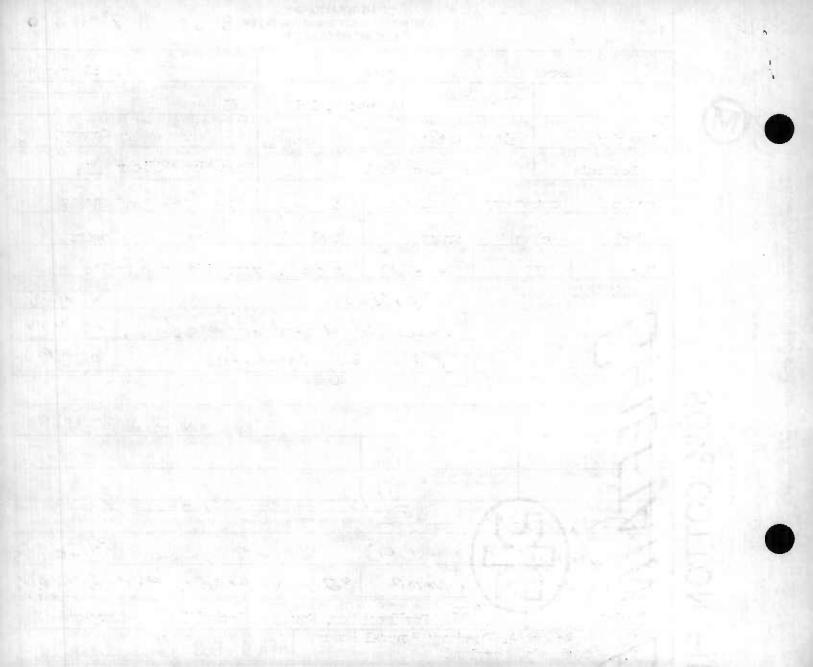
		1	FOR STATE REGISTRAR		STATE OF MARYLAND T OF HEALTH AND MENTAL HYGE ERTIFICATE OF DEATH		7 8 3 5
be oth			CEASED NAME FIRST Lawrer	nce	Brown	REG. NO. 20. DATE OF DEATH MONTH D March 3, 198	3 YEAR 25 HOUR 6:55A
4 may be tor, page 3 ofter death		3. SE			DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
death. Page uneral direct	3		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	11/1	AARRIED NEVER MARRIED DIOWED DIOWED DIOWED	9. BALTIMORE CITY OR COUNTY	OF DEATH
rs after dec by the fune filed within	Collector	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	IOME OR OTHER INSTITUTION	Montgomery 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Carpentar	12b. KIND OF BUSINESS OF
	35		mo. H.	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADA	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 4927 TEN 04	21036 RD.
N	/631	a te	John H, Brow	MIDDLE LAST	15. MOTHER'S MAIDEN NA late Annie	P Leishear	LAST
e execution on ond con	medicol	16a	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166. SOCIAL SECURITY 578 01 420		wn 4927 Ten Oaks	Rd Daton Md.
quires that the death certificate to signed by the ottending physicia her please remove carbon papers to buriol, cremand a common or certains.	ry, or other	Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE (b) CHRONIC DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEA	E OF OBSTRUCTIVE PO	AINAL DISEASE OR CONDITION GIVE	
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Asic rate	0	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE CAUSE OF DE LIFE LINJURY OCCURRED	CAIN	YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18. PA	RT I ORPART 2) COUNTY STATE
HYSICIAN: The londing physicion. his certificate hos suriol-transit penus than I Amental Hysiciae is	morked	2	AT WORK NOT WHILE AT WORK		2/16 10 83		. 4-1
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ATTENDING PH ospital or offend ECTOR: After this d for use os the E	NNT: If Item 21 is	22-	sow the deceased alive or above (1) (we) (did) (did n	of view the body ofter death.	DEGREE ATTENDING PHYSICIAN [death occurred on the date and hour	

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Bethesda, Maryland

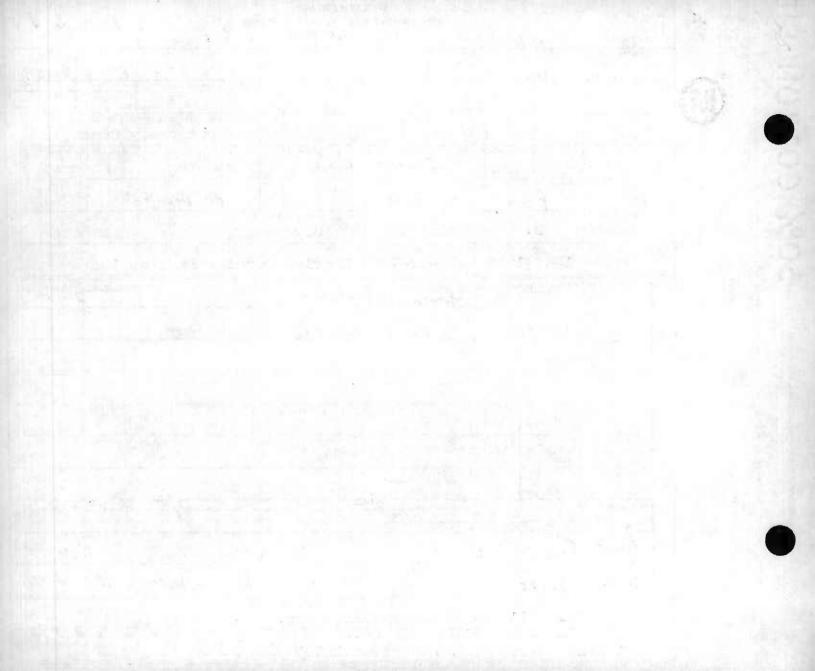
(VRA 15, 4)

STATE OF MARYLAND



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-	1.	FOR - STATE REGISTRAR			T OF HEALTH .	AND MENTAL HYGI OF DEATH	0 0	0	7 8	3/
		CEASED NAME FIRST	h-	MIDDLE	LAST		REG. NO	MONTH DAY	Y YEAR	2b HOUR
200	TYPE	EORPRINT)		PILI	0			2 25	2-5-3	0 1110
-	1.58	Charles	4 RACE	17alph	DATE OF BIRTH	CICO	6. AGE (IN YEARS LAST BIRT	3-00	UNDER 1 YEAR	IF UNDER 24 HRS
		m	Λ.	caoin		DAY YEAR	7(40	NIHS DAYS	HOURS MIN.
	7a BI	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8			9 BALTIMORE CITY O	111301	FDEATH	
91		Italy	u	WI WI	DOWED	DIVORCED [Montgo	omery	Count	-У мо
1	T	a kom a Park	Wash	Adventi	Ho	NSTITUTION	Plastere	ON : WORKING LIFE)	126. KIND OF INDUSTRY Masc	nry
33	l lo S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COOP		GIVE RESIDENCE BEFORE ADMI	P YES		130 STREET ADDRESS	1 528	18 20	0783
169		Joseph D	MIDDLE	Buccico		HER'S MAIDEN NAM	AE MIDDLE		Blanc	che
2		vas deceased ever in u.s. ar 15. NOYESOWN 1943	MED FORCES? = 1945	034-09-7		ormant narles Bu	ccico Sar		13e	
event, th		PART I. DEATH WAS CAUSE IMMEDIAT	lly ane cause per D BY: TE CAUSE (a)	Brain 1	retast	ris			APPROXIM BETWEEN OF	MATE INTERVAL INSET AND DEATH
aumatic		Canditions, if any, which	DUE TO, OR	R AS A CONSEQUENCE	orcan	cer				
other to		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	R AS A CONSEQUENCE	OF					
njury, or	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO DEAT	H BUT NOT RE	ATED TO THE TERMIN	NAL DISEASE OR CONT	ITION GIVEN	IN PART Tra	,
9	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH OPE	ration was f	ERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFY IN YES	WERE FINDING NG CAUSES C	GS USED OF DEATH? NO
19	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.A	M. MONTH DAY	YEAR 19	W INJURY OCCURRE	ED (ENTER NATURE OF INJUR	TIN ITEM 18 PART	I OR PART 2)	
rked or	MED	21d INJURY OCCURRED NOT WHILE AT WORK	21e, PLACE C	OF INJURY EET, FACTORY, OFFICE FARM E		CATION STREET	CITY OR 10V	VN	COUNTY	STATE
22 is mo		220 I certify that () (this haspit saw the deceased alive or aver, () (we) (did) (ard no	3/29	19 83		, 19 (aur) apinian d	, ta3 eath accurred an the da	te and haur a	nd from the co	haw(we) last auses stated
MT. W Per		22b. SGNATURE She	rer mf)	DEGREE		MEDICAL STAF	f IAN 🗌	3/2 DATES	29/83
MPORTA		1220 PHYSICIAN'S NAME (TYPE O	er		394	7 fernara	a. Whe	aton,	md	20906
	- (BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		r 83 Crow	nsvill		23d LOCATION CITY OR TOWN Crownsv		COUNTY AA	Md.
1/81		UNERAL DIRECTOR FLECT		ADDRECE		2.07.74	REC'D. BY REGISTRAR	156 AGGISTRA	R'S SIGNAD	RE
)		7601 Sandy Sy	pring F	Rd. Laure	1,Md.2	.0707 MA	K 3 0 1983	as he	-0-0	- Al

DHMH - 16 50M 1/81 (VRA 15, 4)



ector, page 3 in after death

DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7 8	3	8
WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOL	JR
Boyer	BURDETTE	March 19, 1	983	3:0	OA M
E	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS
White	June 9, 1899	83 _{YRS.}	MONTHS DAYS	HOURS	MIN.
U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery			MD
AME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND O	FBUSINE	SSOR

	OR PRINT)	FRSI	,,,	IDDIE		A31	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
() IVE	OR PRINT)	Basil	В	oyer	BURD	ETTE	March	19, 1	1983	3:00A M		
3. SEX	(4	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
1	Male		White		Ju	ne 9°, 1899°	83	YRS.	MONTHS DAYS	HOURS MIN.		
7a BIF	RTHPLACE ISTATE OF	FOREIGN 76	CITIZEN OF W	HAT COUNTRY	? 8		9 BALTIMORE CITY O		Y OF DEATH	11		
	aryland		U.S	. A .	WIDOWE	D NEVER MARRIED DIVORCED		Montgomery Co.,				
	TY OR TOWN OF DEA	ATH 1	(IF NOT IN SUCH	OSPITAL, NURSI FACILITY, GIVE STREE 23 Mt.	ING HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPAT {TYPE OF WORK FOR MOST (ACCOUNTS	OF WORKING L		DF BUSINESS OR		
130 5	AL RESIDENCE HE NURS TATE Aryland	13b COUNTY	Y	Damascu	WN	13d. INSIDE CITY LIMITS?	13e, STREET ADDRESS 26023 Mt	. Ver	non Ave	20872		
14 FA	THER'S NAME FIRST Claude	Hai	milton	Burde	ette	15. MOTHER'S MAIDEN NA			Boyer	ıT		
	VAS DECEASED EVER ES, NO OR UNKNOWN) NO	IN U.S. ARME	VAR OR DATEST	166. SOCIAL SEC 213–01–		Mrs Catheri	ne Pearce,	ESS 1001 Dan	17 Locus	t Dr.		
		MATE INTERVAL ONSET AND DEATH										
		2 7										
	Conditions, if only, gove rise to imm couse (a), statin underlying couse	nediate ng the lost.	(b) DUE TO, OR (c)	AS A CONSEQUANT CONSEQ	JENCE OF	whee please				Moye		
NO.	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS COL	ntributing to	DEATH BUT	NOT RELATED TO THE TERM	ainal disease or con	IDITION GI	VEN IN PART 11	0		
CERTIFICATION	19a DATE OF OPERA	TION	196. CONDITION FOR WHICH OPERATION						Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)			
4	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	21b. TIME OF HOUR A.M P.M	. MONTH D	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)			
₩.	21d. INJURY OCCUR!	OLE	21¢ PLACE O	F INJURY ET FACTORY, OFFICE	FARM, ETC)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE		
	220.1 certify that (1) sow the decease above, (1) (we) (c	ed olive on	dri	8 19		d that in (my) (our) opinion	death occurred on the d	ote and ha		that (I) (we) last couses stated		
	22b. SIGNATUR	ma-	Q. D	Com	Jun J		MEDICAL STA	FF IAN [3/19			
22d. PHYSICIAN'S NAME (TYPE ORPRINT) Thomas P. Sloan, M.D. 22e ADDRESS 9701 Church St., Damascus, Md. 20872												
	Thomas	P. S1	oan, M.	D.	1000	9701 Church	St., Damas	cus,	Md. 208	72		

Burial Offin L. Molesworth, P.A., Damascus, Md. DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE REGISTRAR

250. DATE REC'D, BY REGISTRAN MAR 2 4 1983

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FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
	CEASED NAME E OR PRINT}	rmst V illia m		eston		oot, Jr.	20. DATE OF DE	March 31	DAY YEAR 1, 1983	26. HOUR 2:14PM _M
3. SE	x Male	4.	RACE White	е	5. DATE O		6. AGE (IN YEAR)	S LAST BIRTHDAY)	MONTHS DAYS	
7a. B	IRTHPLACE (STATE OR I	FOREIGN 7b	CITIZEN OF V	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED	Montag	city <u>or</u> coun mery	TY OF DEATH	MD
10. C	ITY OR TOWN OF DEA			HOSPITAL, NURSING HEACILITY, GIVE STREET A Ery Gener		or other institution spital	120 USUAL OC (TYPE OF WORK FO Re	CUPATION R MOST OF WORKING	126. KIND INDUSTR' U.S.	of Business or Navy
13a_	al residence (# nurs state Maryland	13b/GOUNT	Y	GIVE RESIDENCE BEFORE 131. CITY OR TOWN ROCKVILLE	N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	130. STREET ADI	oress lorgal St	reet 20	853
16a. \	ATHER'S NAME William WAS DECEASED EVER YES, NO OR UNKNOWN) Yes	PI	reston ED FORCES? VAR OR DATES) TI &7	Burfoc	RITY NO.	Florence 17. INFORMANT Susan L. Ry	M.	ADDRESS	Burton 2	21029
ATION	Canditions, if ony, gave rise to imm couse to), statir underlying cause	/AS CAUSED IMMEDIATE , which mediate ng the lost. NIFICANT CO	DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO C	NCE OF	L Grade NOT RELATED TO THE TEN N WAS PERFORMED	2 2 2 2 200 AUTOPS	Y? 20b. IF		DINGS USED
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNION CONTRIBUTING 10 (IF EITHER, NOTIFY MEDION 11 AT WORK 12 AT WORK 14 AT WORK	CAUSE OF DEATH CAL EXAMINER) RED HILE (this hospital ed alive an did) (did nat)	P./ 21e. PLACE ((AT HOME, STR I) attended the view the back	M. MONTH DA M. OF INJURY GET, FACTORY, OFFICE, F.	19 ARM, ETC) 3,	21c. HOW INJURY OCCU	JRRED (ENTERNATUR	E OF INJURY IN ITEM I	YES	STATE
	111111111111111111111111111111111111111	care filter has				11001100	D 1/	0	/	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP. 24 FUNETAL DIRECTO Wheeler Funeral Home, Inc. 1 Rockville Pike Rockville, Md. 20852

TRIEDMAN

236. DATE 4/4/83

DENNIS

230 BURIAL, CREMATION, REMOVAL

"Burial"

NAME OF CEMETERY OR CREMATORY 234 LOCATION
Gate of Heaven Cemetery Silver Spring, Mary land

23c NAME OF CEMETERY OR CREMATORY

25a. DATE REC'D. BY REGISTRAR 25b-REGISTRAR'S SIGNATURE

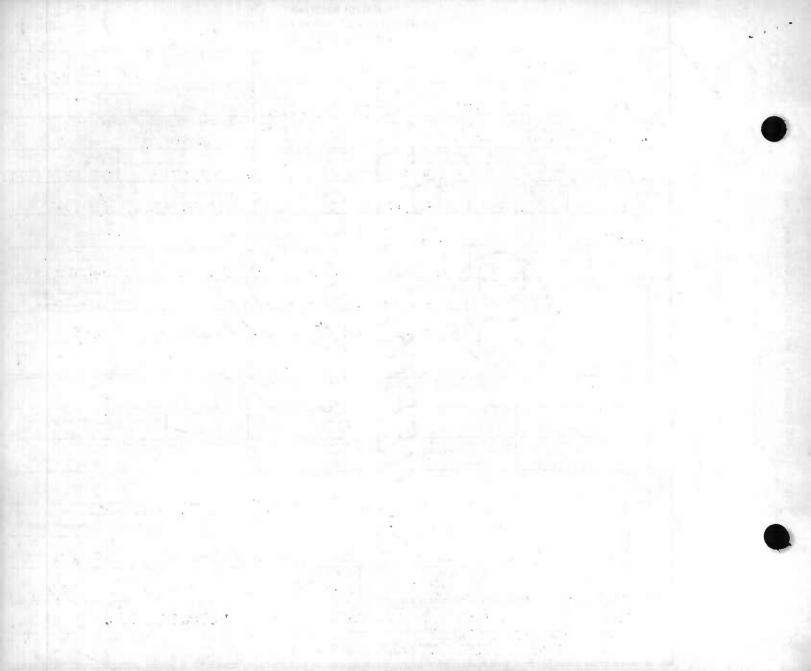
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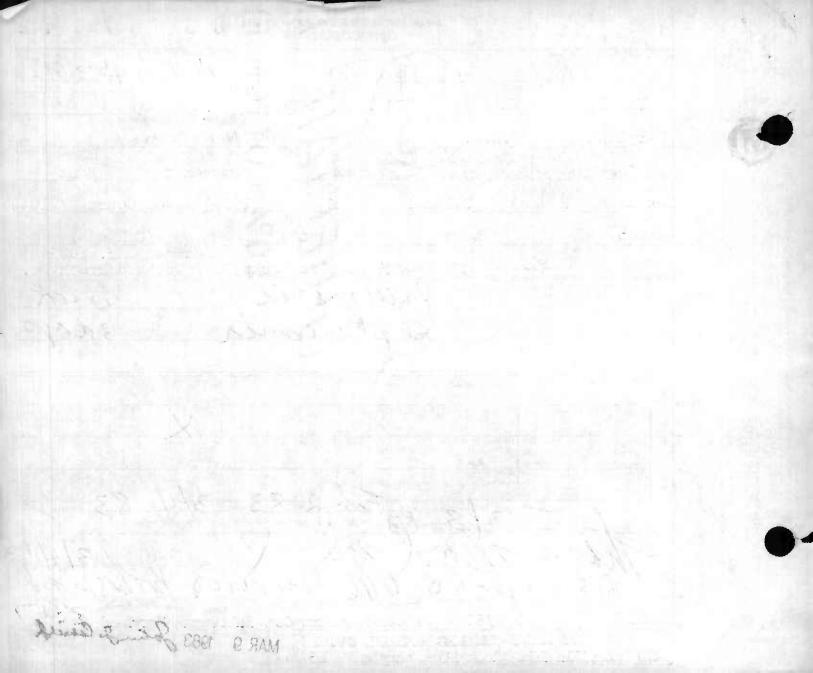
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR DOLORES MARV RURNS 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR FFMAIF CALICASTAN 1894 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX WASHINGTON.D.C U.S.A. WIDOWED DIVORCED [MONTGOMERY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY STILLER SPRING PRE NURSING HOME SUPERVISOR TREASURY DEPT. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d, INSIDE CITY LIMITS? STIVER SPRING 8918 GEORGIA AVENUE 20910 MARYIAND MONTGOMFRY 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE GEORGE IRVING BURNS MARGARET 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESSO 2 GABLE STREET 166 SOCIAL SECURITY NO. 17 INFORMANT NEPHEW (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SILVER SPRING. MD. 20901 NO O'BRIEN 20-38-3159 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased plive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 228 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORTA ld b 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION SPEBURIAL WASHINGTON, D.OUCY. MT. OLIVET 24. FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 500 UNIV. BLVD., W., SILVER SPRING. MD. 20901 (VRA 15 (4))





- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

REGISTRAR

12h KIND OF BUSINESS OR INDUSTRY APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 24. FUNERAL DIRECTOR HILTON'S FUNDRAL HOME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

IF UNDER 24 HRS

14	1.	FOR STATE REGISTRAR	JO4 10/	D	EPARTMENT	OF HEALTI	MARYLAN H AND ME CERTIFIC	NTAL HYGIE	NES 3	REG. NO.	7 8 4	4
70		CEASED NAME E OR PRINT)	Robert		E.	Вуз	con		20 DATE KN OF E DEATH M	_	26 1983	26 HOUR
Sec. P.		Male (Cauc.		1913 LAST BI	THORY AND		HOURS MIN.	PRONOUNCE DEAD		26 83	2d HOUR
9 3	FC	RTHPLACE (STATE OF REIGN COUNTRY) Canada		6. CITIZEN OF WH	da	WIDOV	VED 🗆	ER MARRIED C	Mor	ntgomery	County	MD.
PAGE TO THE PAGE SE FILED		Bethesda	à		ban Hosp	tal	HER INSTITUT	FO	OR MOST OF WORKIN	TION (TYPE OF WORK G LIFE) Educato	World E	RY
S. 21201 IF ANY DI SHOULD SHOULD RECORD	13a. S	AL RESIDENCE (IF IN	13b. COUNTY		13 CITY OR TOW		13d. INSIDE CIT	NO 1 8	V.	Zip:	20817 E 0	
HAZ TH	P	John		MIDDLE	Byron		Mar	У	MIDD		Willis	
BALTIMORE. JRS AFTER DEA' B. GIVE PAGES WITH FORM P. T. PAGES I AN DIVISION OF V.	16a. V (Y	VAS DECEASED EVI ES. NO. OR UNKNOWN) NO	ER IN U.S. ARMI		579-96		Luci1			fe, Same	e as item	
HOUR W 18. VG W RMIT. NE, D		18 CAUSE OF DE PART I DEATH	ATH (Enter only WAS CAUSED IMMEDIATE	CAUSE (o)	or (a), (b), and (c). OR ON A AS A CONSEQUEN	RY	TH	Romi	21208		APPROXIMAT BETWEEN ONSE	T AND DEATH
S T T S	-	Canditians, it gave rise to cause (a) state lying cause to	immediate	(b) AR	TERIUS (L AS A CONSEQUEN	EROTI	ic Co	ARDIOVA.	SCULAR	DISER	EUND	ET.
L RECORDS, 201 JUD BE EXECUTED "PENDING" IN F. F. MEDICAL EXA ED AS A BURIAL HEALTH AND MI HEALTH AND MI L, CREMATION,	NO	PART 2 OTHER SIGNIFIC	ANT CONDITIONS <u>CD</u>	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL OISEA	SE OR CONDITION	GIVEN IN PART 1 (a)				
OF VITAL RESPONDED TO THE CHIEF A JUD BE USED, WANT OF HE	TIFICAT	196. DATE OF OPE	RATION	19b. CONDIT	ON FOR WHICH C	PERATION V	VAS PERFORA	AED?			2D AUTOPSY YES	? NO 12
SA HOLDER	MEDICAL CERTIFICATION	CONTRIBUTING	OR CAUSE OF DE	ATH DAM.	MONTH D26	EAR	OW INJURY OF		ERNATURE OF INJURY	CHOPPI	PART 2)	000
EAAAKE	MED		OT WHILE WORK	21e PLACE O STREET, FACTO	FINJURY (ATHOMORY, FARM, ETC.)	56 56	STREET	LEAN DA	CITY OR TOWN	YESDA	MONTGON	STATE
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, A		22a. I certify the		of the remains des	bed obove, held o	Suicide	osy [],], Hamici	Inspection de Une	Inquiry determined mann	and in my	apınion	
CAL EXA THE CER SHOULD RAL DIR ATH, WI RE, MAR	-	SIGNATURE	Texas	elfle	yleft	ur.	A.D. TITLE SP	MA W	EDICAL EXAMIN	DAT PER SIGN	E 3/1	6/83
TO MEDI EXECUTE PAGE 4 TO FUNE	72a B	EXAMINER'S NAM (TYPE OR PRINT) URIAL, CREMATION		CIS C	MAY	LE	ADDRESS	Soo Wis	consin	Au Do	THEST	AMD)
BP	(Cremation Cremation Cremation	on 2	t A. Pum	Metrop	olitan	Crema	tory A	LOCATION ITY OR TOWN Lexandri BY REGISTRAR		Virgi	nia_
DHMH - 17 (VR A15 ME (5)) 15M 2/80		NAME	P.A.,	Bethesda			omes,	APR 4	1983	John	& Court	K

CHITCHING DA About the same the same of the same Francis C. Marie Venderman his port

9	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE 8 3	0 7	8 4 5
(M)	TYPE	CEASED NAME FIRST TARRE		4.		Camp	ی	11010-	064JAM
Page 4 Imprector	3 SE	MALE	1 RACE WHIT		S. DATE O MONTH	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	YRS MONTHS DAY	YS HOURS MIN
uneral di n 72 hou tified at	0	IRTHPLACE (STATE OR FOREIGN OUNTRY) KLAHOMA	76 CITIZEN OF WH	. A.	WIDOWE		MONTGOING	ETLY CO.	, MD.
by the fed withings the north per no	GN	THERSBURG	Shocky	CHITY, GIVE STREET	address1	rother institution	170 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF FARMER	WORKING LIFE) INDUSTI	O OF BUSINESS OR RY AIRY
thin 24 hc	130	AL RESIDENCE IN NURSING HOME OF STATE 136 COUN ARYLAND MON	1TY / 13c	CITY OR TOW	'N	134 INSIDE CITY LIMITS?		ALABAR.	20855
completely 1 and 2 should redicat exam	14. F/	ARNOLD	MIDDLE	CAMI	0	15 MOTHER'S MAIDEN NAMEL I SS	A MIDDLE	TA	TE
an and co	160	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] I IF YES, GIVE YES	WAR OR DATES	SOCIAL SECT	-	NORMA POPE (ANGHER)	SAME AS +	#/3.
certificat physici papers. removal.		PART I. DEATH WAS CAUSE		for 101, 161, on		otic thart	disease a		EN ONSET AND DEATH
e death attending e carbon tion, or er traum		Conditions, if ony, which		S A CONSEQUI	SINU	is Syndron	we.		
ss that the at by the at see remove al, cremator, or other		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS	S A CONSEQUI	ENCE OF				
w require en signee Then ples in to buri	NO	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONT	RIBUTING TO	G CAN	NOT RELATED TO THE TERM	nd vome	Prostatio	hementrop
JAN: The law cian. Tificate has bee nsit permit. THygiene prior n 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	NFOR WHICH	PERATION	N WAS PERFORMED	YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
SIC Nysic Nysic Her Her		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 4 44	MONTH D	AY YEAR	21c HOW INJURY OCCUR	ED JENTER NATURE OF INJURY	IN ITEM 18, PART T OR PART	2]
DING PHY ttending ph After this c After this c the burial th and Men marked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, I	ARM, ETC 1	211 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
CTOR:		27e I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did na	319	19_2	33/	d that in (my) (aur) apinion	ta	19 83 te and haur and fram t	_, that (I) (we) last the couses stated
Te of B		276. SIGNATURE	2 10	w M		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	121	TE SIGNED
HOSPIT ined by FUNER and be de the Sta		274. PHYSICIAN'S NAME TTYPE O	throw)		27. ADDRESS	- Park (Gaitherh	20160
TO TO shouth	23e. I	BURIAL, CREMATION, REMOVAL			NAME OF CI	EMETERY OR CREMATORY	23d LOCATION	+	
BP	(BURIAL	MARCH/1	1/83 PA	PKLAN	IN Man. PK.	ROCKVILLE	MONT CO.	MARGIAN
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR NAME HAMBERS FUNDA	or Home	SHUER S	PRING-	MA MA	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SICN	ATURE

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500 UNIV. BLVD., W. . SILVER SPRING. MD. 20901

(VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO)		
		CEASED NAME	FIRST		MIDDLE	ī	AST		2a. DATE O	F DEATH	HTMOM	DAY YEAR	26 HOUR
	(,,,,,	1	Berni	ce	C.	Car	lson		M	arch	2, 1	983	11 %
	3. SEX	(4. RACE		5. DATE C		YEAR	6 AGE (IN)	YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	'emale		White		Jun		1903		79	YRS	MONTHS DAYS	HOURS MIN
	7a BII	RTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER	MARRIED []	9 BALTIMO	ORE CITY O	COUNTY	OF DEATH	4-5-1
1		Dakota		U.S.	.A.	WIDOWE		NORCED		Mor	ıt.		MD
	10 CI	TY OR TOWN OF DE	ATH .		HOSPITAL, NURSIN		OR OTHER INS	TITUTION		OCCUPATION FOR MOST OF			F BUSINESS OR
S	Ro	ckville	1		- Marth		rrace		,	sewif		-	
1	USUA TJa. S	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d INSIDE O	CITY LIMITS?	13e. STREET	ADDRESS			
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		Canditians, if any gave rise ta im cause (a), stati	/, which imediate ing the) (b)	r as a conseque	NCE OF	ine)	Meta	asta	no			
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Ì	TFI								YES 🗌	NO		FYING CAUSES	NO [
7	EDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI-	CAUSE OF DEA	P.	M. MONTH DA M.	Y YEAR		NJURY OCCURE	RED (ENTER N	ATURE OF INJUR	Y IN ITEM 18, F	PART I OR PART 2)	
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		22b. SIGNATURE		Ms	The als	20	21,	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		3-3-	
		224 PHYSICIAN'S N	AME ITURE	TIALDE			22e ADDRE	55	1				

Eastern Ave., MtRainier, Md. 4637 23d LOCATION CITY OR TOWN Brentwood 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 3-5-83 24. FUNERAL DIRECTOR
NAME
Nalley's

Ft. Lincoln Cem.

Pr. Geo. Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

etained by the haspital TO FUNERAL DIRECTOR:

BP.

MPORTANT: If Item 21 is should be detached with the State Dept.

> Mt. Rainier, Md. F.H. Inc:

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11800 N.H. Ave..

Silver Spring, Md

24 FUNERAL DIRECTOR

Hines/Rinaldi Funeral Home

DHMH - 16 50M 4/82

(VRA 15, 4)

25a DATE REC'D. BY REGISTRAR 25

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFIRE DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c	NAME OF CEM			RY	23d. LOC	ATION				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	requires that the death certions in signed by the attending p. Then please remove carbon or to burial, cremation, or reninjury, or other traumatic ev	NOI	Conditions, if ony, gove rise to imm couse 101, stoting underlying couse	ediote 3 the lost. IFICANT CO	DUE TO, O (b) A DUE TO, O (c)	r as a conse o ue	NCE OF EROTI	C CARDIO AND	NINAL DISEASE OR COM	NDITION GIVER	N IN PART 110	
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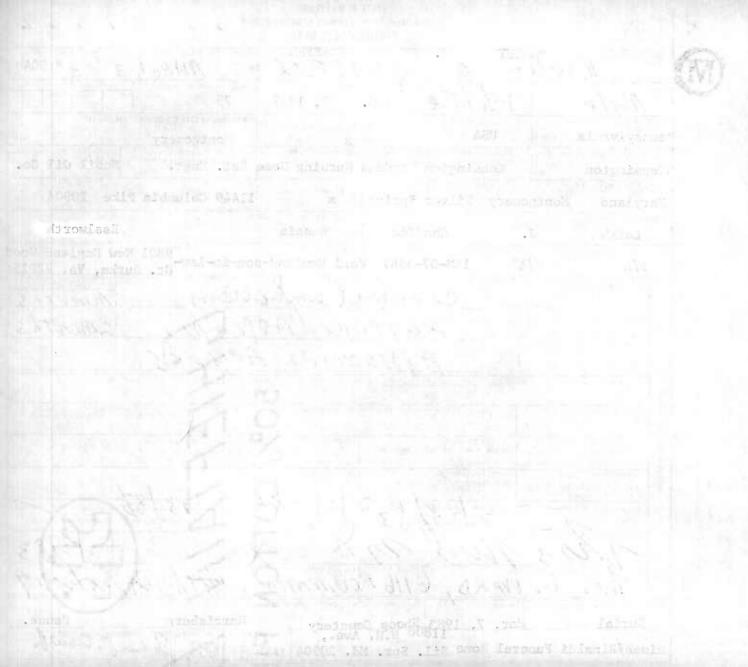
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Pitol for u of H		sow the dect	osed glive on	t) view the body	ofter death.	13_/or	d that in (my) (our) op	pinion de	eath occurred on th	e date and ha	ur and from the	couses stated
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etoined by the TO FUNERAL should be deta with the Stote		Danie	L. H	uder	sen Mi		18M P	L. Pi	hilip Dr.	014	ey, M	1 2083
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11	-					STATE	OF MARYL	AND					131.8M a No.	
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1	3. SE X	mal		4. RACE	-	5. DATE O		_ MF AD		EARS LAST BIRTHDAY)	MONTH		IF UNDER 24 HRS	_
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duces	ERT	21a. ACCIDENT WAS UN	DERLYING F	7 216, TIME C	OF IN HIRY		21r HOW IN	JURY OCCURE	YES	THE OF MILEY IN IT	YES	OP PART 21	NO 🗌	-
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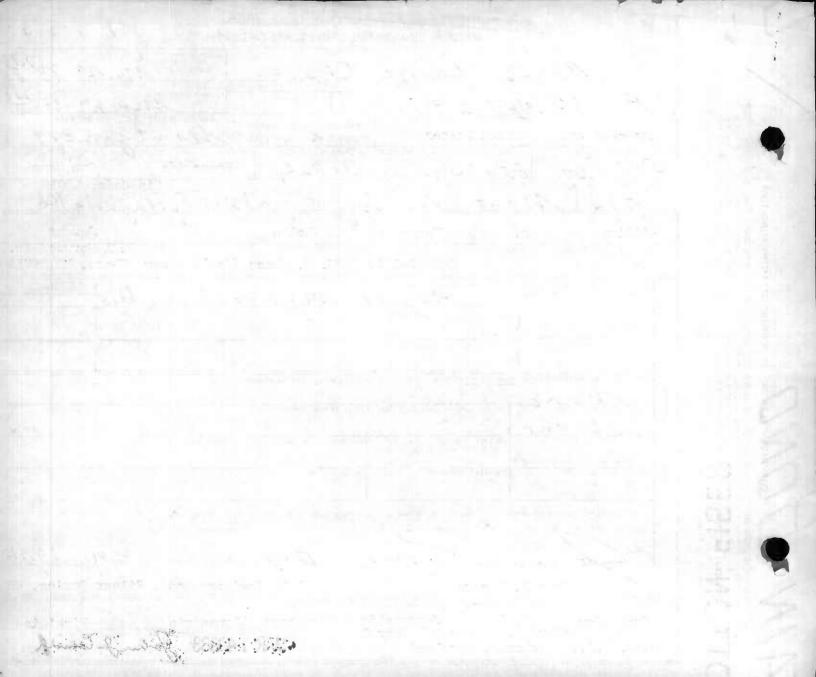
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN WONTH (TYPE OR PRINT) DEATH MATED IF UNDER 24 HRS 3. SEX DATE PRONOUNCED DEAD 9. BALTIMORE CITY (STATE OR 7a BIRTHPLACE TO THE FUNERAN PAGE 5 FOR BE FILED, WITH MARRIED NEVER MARRIED United States Massachusetts WIDOWED EL DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Own Home FOR MOST OF WORKING LIFE! Housewife 3. RETAIN PA Zip Code: 20910 USUAL RESIDENCE (IF IN NI S HOME OR OTHER INSTITUTION, GIVE REPORCE BEFORE ADMISSION 13c. CITY OR TOWN 13g STREET ADDRES 14. FATHER'S NAME F PAC I FORM PM GES I AND 2 Helen William Young Jewett ADDRESS 4621 Norwood Dr. 17. INFORMANT 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) W. T. Chase (Son), Chevy Chase, MD 20815 002-32-1749 No ICAL EXAMINER ALONG WIT A BURIAL - TRANSIT PERMIT. P H AND MENTAL HYGIENE, DIV MATION, OR REMOVAL. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL
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AL, CREMATION, O lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION INER: ITIES CATE WORD FOR THE CHIEF ME PROBLEM STORE PAGE 3 SHOULD BE USED AT THE STATE DEPARTMENT OF HEAT THE STATE DEPARTMENT OF H 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 TIE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET STATE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Natural causes death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 1919 Seminary Road, Silver Spring, MD John S. Rogers 23t. NAME OF CEMETERY OR CREMATORY 236 LOCATION 23g BURIAL, CREMATION, REMOVAL 23b DATE March 11, 1983 Metropolitan Crematory Alexandria Virginia Cremation 24. FUNERAL DIRECTOR Robert A. Pumphrey F uneral **DHMH - 17** Bethesda, Maryland Homes, P.A., (VR A15 ME (5))

20M 4/82



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		0 3 7
I. DECEASED NAME FIRST	MIDDLE	i	AST	20. DATE OF DEATH MO	ONTH DAY YE	AR 2b HOUR
DANIE	L R	CH	ESNEY	March 15,	1983	8:31A A
3 SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHD		YEAR IF UNDER 24 HRS
Male	Caucasian	Feb.	14, 1907	76	YRS.	, and a second
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEAT	Н
New York	United States	WIDOWE	DI DIVORCED	MONTGOMERY C	COUNTY	M
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATION		ND OF BUSINESS OR
BETHESDA	SUBURBAN HOSPIT	ΓAL		Civil Engine	er U.S	. Gov't
USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN			134. INSIDE CITY LIMITS?	13e STREET ADDRESS		815
	gomery Chevy Ch		YES X NO	4615 North F	A	ue
14 FATHER'S NAME	uibbie 1453		15 MOTHER'S MAIDEN NA	ME		
Mende1	Chesne Chesne	ev	Mary	MIDDLE	Sc	hlossberg
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC			her D. Chesha		
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	ly one cause per I ne (or (o), b), o	- 1	6 1 5	00 / -	AP	PROXIMATE INTERVAL
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underlying couse lost.	DUE TO, OR AS A CONSEOU	UENCE OF				
PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PAI	RT 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		06. IF YES, WERE FI	
Ĭ.				YES NO NO	YES	NO T
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY WEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	HITEM 18 PART I OR PAR	RT 2)
		DAY YEAR				
(IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION		COUNT	70
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	STREET	CITY OR TOWN	20001	TY STATE
	tal) attended the detegred, from	2/11	TR CH 19 87)_ 10 /b /NA	CC8 19 /	that (I) (we) los
	10 MAKCH 19	83.0	nd that in (my) opinion	death occurred on the date	and hour and from	
226. SIGNATURE	To view the body other dearn		DEGREE			DATE SIGNED
6 Clerk	L' LINUS	1	ATTENDING PHYSICIAN	MEDICAL STAFF	X VS	MARKE
224. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS			The state of
			A / 00	1 / / (1)		0-1
1 PAT I be	its (M)		NAVAL Has	hital BEA	ResdA	mb.

DHMH - 16 50M 4/82 (VRA 15, 4)

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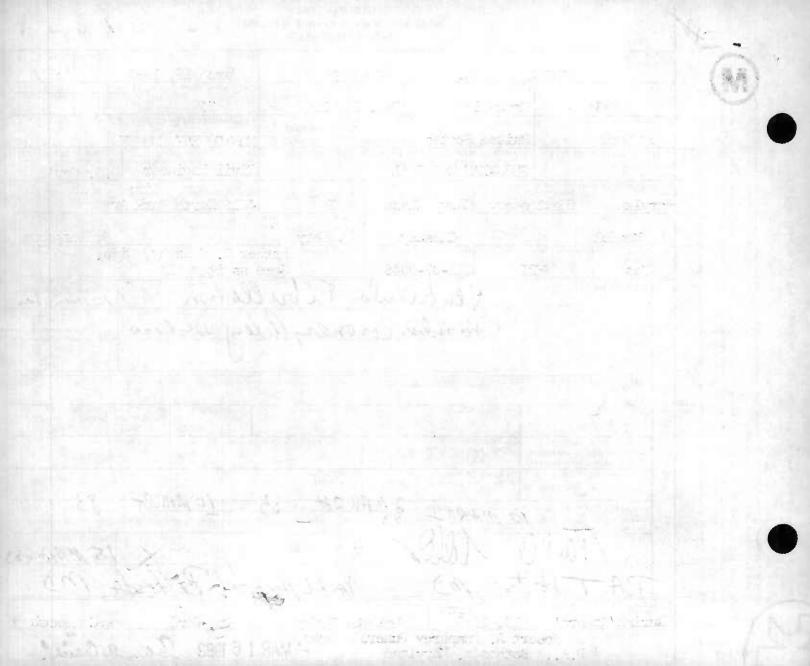
24 FUNERAL DIRECTOR P.A.,

Burial/Removal

Robert A. Pumphrey Funeral Homes, 2. Bethesda, Maryland

250 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

MAR 1 6 1983



FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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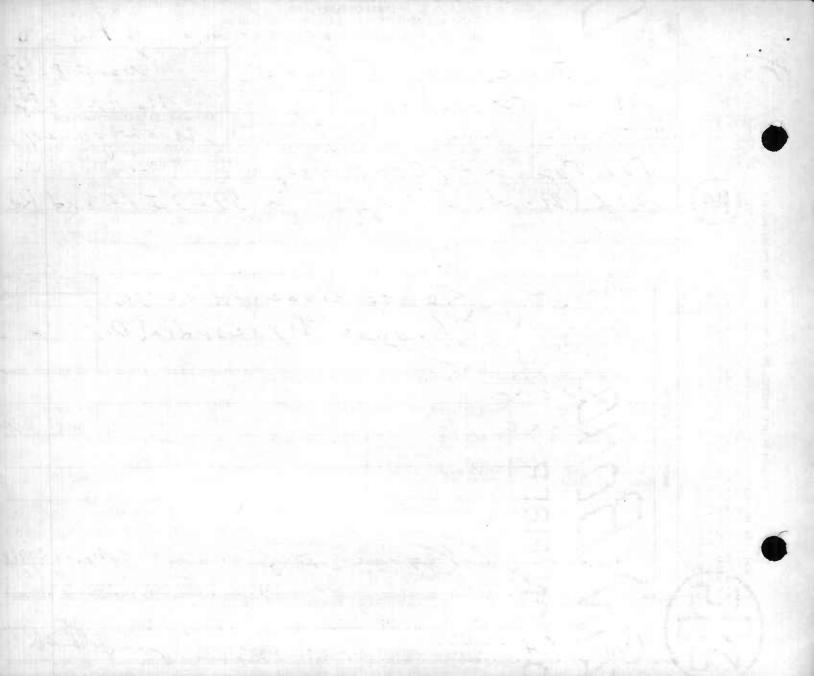
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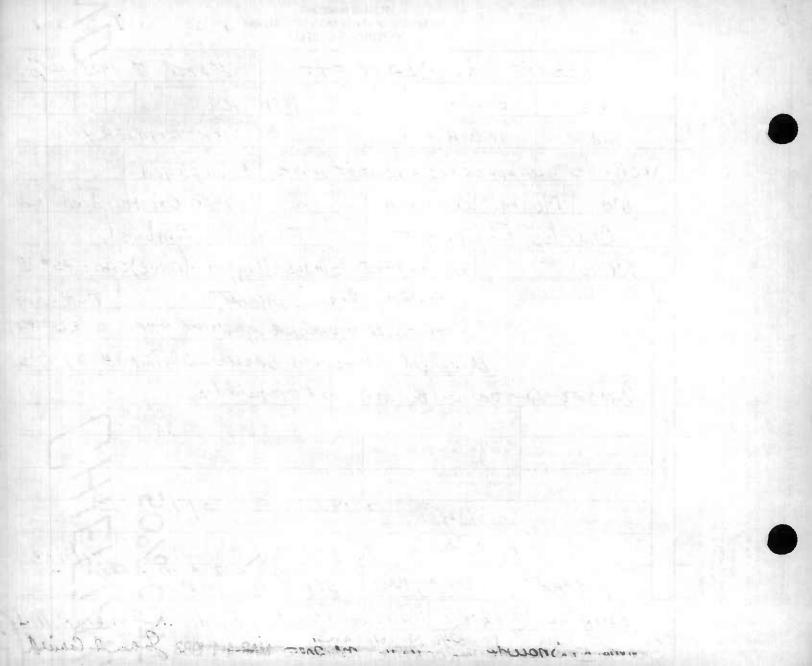
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER REGISTRAR I. DECEASED NAME KNOWN 20. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED FOR YOUR FILES.
WITHIN 72 HOURS NTCHOL 4. RACE IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 6) YRS 76. CITIZEN OF WHAT COUNTRY? 7n BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED ENEVER MARRIED U.S.A. DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL RES 30. STATE 13d INSIDE CITY CIMITS? 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE FIRST KOSKOURAS NICHOLAS CHUMAS IRENE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 578-26-1917 VIOLA CHUMAS SAME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only ane couse per line for (p) (b), and (c). USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE; IR RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 28 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD 'YE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEATO BY PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL YES . 21n EXTERNAL CAUSE WA 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 220 I certify that I taak charge of the remains described above, held on Autopsy and in my apiniar death resulted from: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL RYBE OR PRINT 1919 SEMINARY ROAD STLVER SPRING MC ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BP GATE OF HEAVEN 24 FUNER , IPFCTOR 25a. DATE REC'D FRANCIS' J. COLLINS **DHMH - 17** (VR A15 ME (5)) W. STIVER SPRING, MD. 2090;

20M 4/82

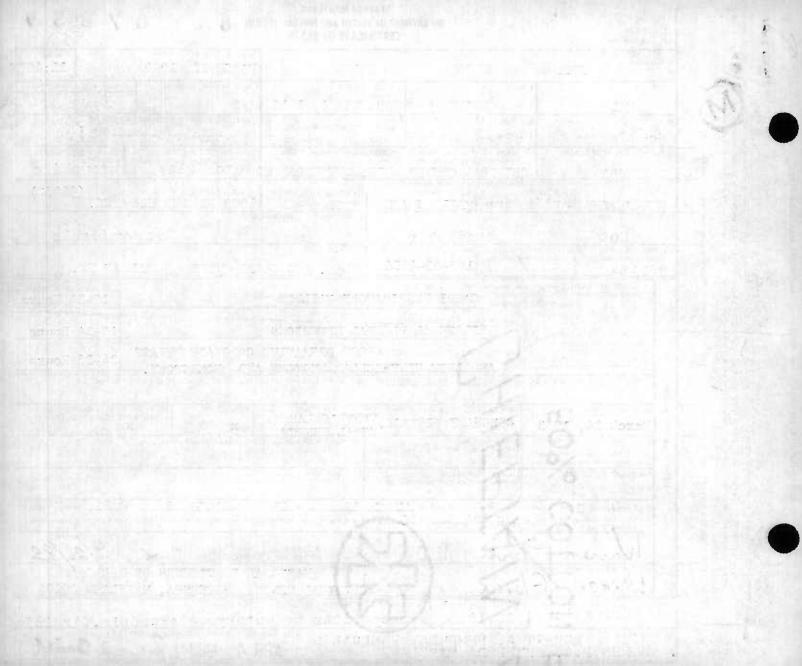


1	1	STATE OF MARYLAND
	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5
		REGISTRAR CERTIFICATE OF DEATH REG. NO.
be 3		CEASED NAME PRST MIDDLE R. CLAGGETT 20. DATE OF DEATH MONTH DAY YEAR 126 HOUR ORPRINT) BESSIE R. CLAGGETT MONTH DAY YEAR 126 HOUR MONTH DAY YEAR 126 HOUR MAN MIDDLE RESERVED AND MIDDLE
4 тоу	3 SE	4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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s after d	10. C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OCKVILLE 120. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE) [TYPE OF WORK FOR MOST OF WORK
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ST., BAL ertificate g physicic son paper remaval.	100	18 CAUSE OF DEATH (Enter only one couse per line of to), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) White properties the couse per line of to), (b), and (c) IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c)
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DRDS, 2C	NOL	PARTS OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
NI RECO	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
N OF VITA SICIAN: T ng physici certificate unal-transi ental Hygil Item 18 sh		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING 2045 OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
PHYSI this called the burned Mend Mend Mend	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (14) HOME. STREET, FACTORY, OFFICE, FARM, ETC.) WHILE INDIVIDUAL CITY OF TOWN COUNTY STATE STREET CITY OF TOWN COUNTY
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the hor trache e Dep		226. SIGNATURE DEGREE DEGREE ATTENDING C'MEDICAL STAFF PHYSICIAN DATE SIGNED 220. DATE SIGNED 210. DATE SIGNED
SSPITA ed by UNERA d be de de he Stori he Stori		22d PHYSICIAN (NAME (TYPE OR PRINT) COSCA WW DAUD NOW)
TO HO Should with IMPO	23a.	SURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 23d LOCATION
ВР		BURIAL 3.12.83 FAIrview Cemetery Frederick Frederick Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	NERAL DIRECTOR Snowden 246 DRESS. WASh. ST. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE DED YOU ROCKVITTE, Md. 2080 MAR 1 1 1983 John & Comment



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(VRA 15, 4)



STATE OF MARYLAND

T J	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 3 0 '	7860
A) K		CEASED NAME FIRST	FRANCES Q	LEVENGER	20 DATE OF DEATH MONTH D	83 8:30 PA
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Color Color		VAS DECEASED EVER IN U.S. AR. (IF YES, GIV	F WAR OR DATES)	ECURITY NO. 17 INFORMANT 2-1738 ELSIE V. THO	ADDRESS MENTON SAME AS	
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hos be	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED		WERE FINDINGS USED 'ING CAUSES OF DEATH? NO
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2.5	-					

21d. INJURY OCCURRED

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC)

ottended the deceosed from

CITY OR TOWN

COUNTY

STATE

776 SIGNATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING PHYSICIAN 22e ADDRESS

211. LOCATION

MEDICAL STAFF DIRECTOR PHYSICIAN

22c. DATE SIGNED

BP.

etoined by the hospital

DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

should be detoc

If Item 21 is morked

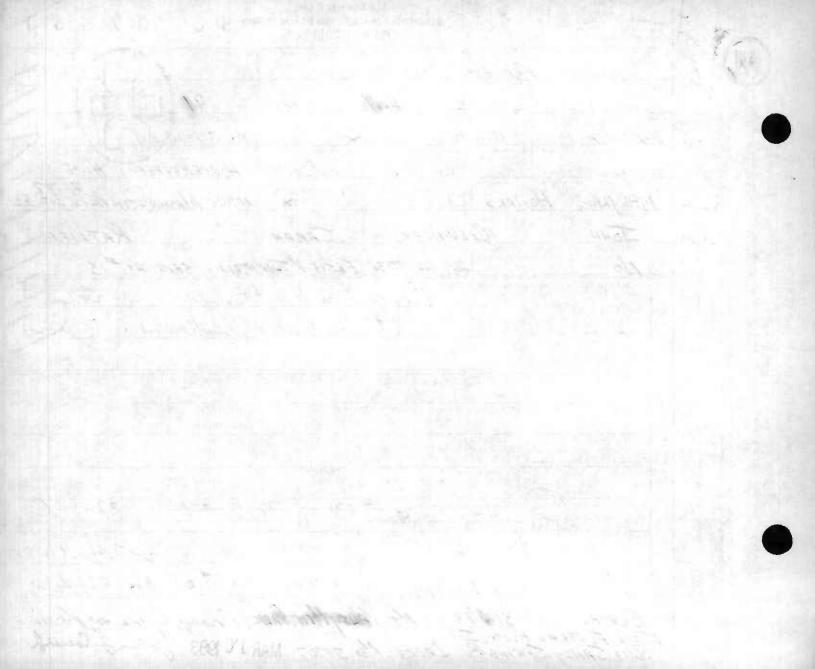
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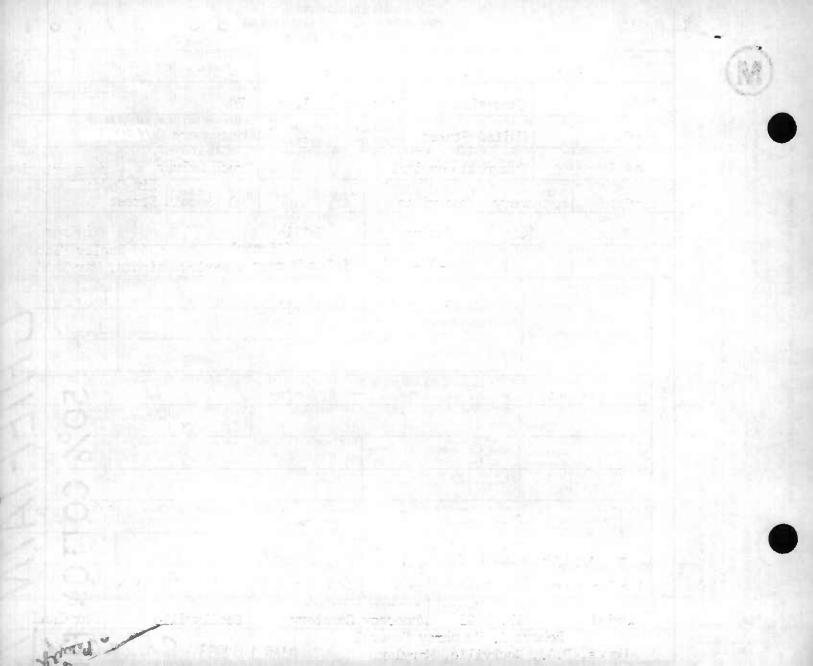
230. BURIAL, CREMATION, REMOVAL 23b DAT

23c. NAME OF CEMETERY OR CREMATO

opinion death occurred on the date and hour and from the causes stated



	1-	STATE REGISTRAR		DEI ARTH		ICATE OF DEATH	REG. N	10.	, 0	0 1
M		CEASED NAME FIRST George		IDDLE	Co	chran	20. DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR 95
ectoi rs affere	3. SE	x Male	1. RACE Caucasi	an :	5. DATE C	ary T, 1964	6. AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
nerol dire	(RTHPLACE ISTATE OR FOREIGN aryland	76. CITIZEN OF W	States	8. MARRIE WIDOWE	D NEVER MARRIED &	Montgomery	OR COUNTY		MD
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BP		Burial, cremation, remova Burial	17, 198	83 Mor	ocacy	emetery or crematory Cemetery	Beallsvi			ry1andt
MMH - 16 50M 4/82 (VRA 15, 4)	24. FU	Homes, P.A.	ert A. Po , Rockvi	T WDDMC22		11 ZSO DAT MAR	1 6 1983	Ap Cu	2 Gi	ulf



/	1			STATE OF MARYLAND			
5,	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 7 8	6 2
		REGISTRAR			REG. NO.		
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24 重点 第20	1	nd. Moro	Id	Vark YES NO 1	7620 Ma	ste lue	. PK., ms
2 all	14. FA	THER'S NAME MIDDLE	O 1411	IS MOTHER'S MAIDEN NO	AME MIDDE	0	
de go		Robert -	Camp	bell Elizal	reth -	Stric	Kland
nd ca		VAS DECEASED EVER IN U.S. ARMED F			ADDRESS		
Pages medica	-	No	057-11	1-1995 John Co	16um 3218	Blueford	Rd
ohysicia papers. naval.		18 CAUSE OF DEATH (Enter only one	cause per line far (a), 16),				TE PUTEFUAL MEASO GRATIE
phy mov vent		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAL	1. +	Abraia deres To	To Aliver	11	ALIONAL MANUAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PAR
ding proba		1/ 50	,,,,,,	Carried State	The state of		
afteno nave co latian, i	- 1	Conditions, if any, which	HE TO OR A CONSEC	onleumani.	-D:/0100		
he a he a mater mater tra		gave rise to immediate	7	7	is in the carrier,		70 - 5
ed by t lease r ial, cre ar athe		underlying couse last.	UE TO, OR AS A CONSEQ	an el Diret	Linn		
- Q D = .		PARI 2, OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO	DEATH BUT NOT PELATED TO THE TER	MINAL DE EASE OR CONDITIE	ON GIVEN IN PART 1/g	
n sign Then ta bu	S	Charge Chela	-1.	une diseare		DI ONE I TOTALL FIG	
met.	AT	19a DATE OF OPERATION		HOPERATION WAS PERFORMED	200 AUTOPSY? 20	b. IF YES, WERE FINDING	S USED
sician. sician. siste hos nsit per vgiene	E				YES IN NOTE IN	CERTIFYING CAUSES OF	F DEATH?
ending physician. this certificate hos this certificate hos do Mental Hygiene d ar Hem 18 shaws	CERTIFICATION		Ib. TIME OF INJURY	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN		
certificat rial-tran ental Hy them 18		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH P.M.	DAY YEAR			
D 20 2 0	MEDICAL	214 INJURY OCCURRED 21	e. PLACE OF INJURY	211. LOCATION			
After the as the alth and marked of	¥	WHILE NOT WHILE	AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY	STATE
Afth Afth mar		22a.l certify that (I) (this haspital) at	tended the deceased from	11/13 10/13	10 3/2	12 19 A 3 the	ot (I) (we) lost
pital TOR: far us of He 21 is		saw the deceased alive an	130 19	23 , and that in (my) (ex) opinion	death occurred on the date of		
	- 3	abave, (I) (we) (did) (did not) view	the yody after death.	DEGREE		22c DATE SIC	
	2	them Ill.		ATTENDING	MEDICAL STAFF	2/2.	100
SPITAL d by th NERAL be deto e Stote TANT: H	1	2d. PHYSICIAN'S NAME (TYPE ON PRINT)	meg /mi,	PHYSICIAN 220. ADDRESS	DIRECTOR PHYSICIAN	1 1/00	13
FUNER PLANER PARTE	1	161.2021.) 4	Farence	4/1	SPRING VI	1 20612	
retained by the retained by the TO FUNERAL should be det with the State IMPORTANT:		MADOWNED CO.	NNEY	WA STAVER J		1. 209/0	
		SPECIFY)	1.1 6	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
BP	24 5	Burial 4	/4/83 Y	nt. Calvary Cem.			mo
MH - 16 50M 4/82		JNERAL DIRECTOR	ADDRESS	250. DA	TE REC'D. BY BEGISTRAR 25%	REGISTRAR'S TIGN TUR	truly
(VRA 15, 4)	h	om. C. March Fi	11 1101 E.	North Ave. IN	7110-1000		

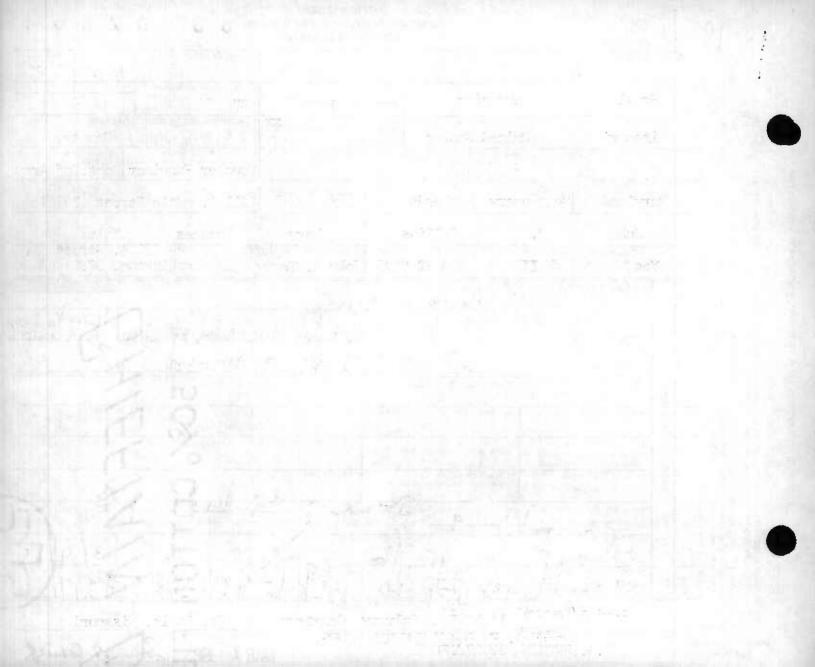
e de Tolk & successful BILLE modes) - ANGE Burney 4/4/83 this Colony Come, Southwest Ly with stand a lost the waster a war

20M 4/82

my partition of the property .1.2. Meint manking Country custage a realistic forward forward notes a realistic a ABBOTTON SET TO THE PERSON NAMED AS A STREET Da.O. (gen size and a sale) of the color of chronic sycamote disease. als that to order VScar List Sout, Postville, Matternay, Md. reon granical 91 Salver System, Montey merry, Mil. The state of the state of the Angles of the Angles

(VRA 15, 4)

_ 1							OF MARYLAND		PE 13		,	
	V	FOR STATE			DEPARTN		EALTH AND MENTAL HY	GIENE 8	5	0 / 8	0	4
1	-	REGISTRAR	CIDC S		MIDDLE		AST	2a. DATE O	REG. NO.	DAY YEAR	2b HOUR-	
/		CEASED NAME	FIRST		A	1	Alline	ZO. DATE O	Mana	h 9, 1982	1000	/
8	3. SEX		este	4. RACE	V1,	5. DATE C	UTITY SERVER	6. AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24	4 HRS
		emale		Caucasi	an	May		87	Y	RS.	HOURS	MIN.
7	70. BII	RTHPLACE (STATEORS	OREIGN	76 CITIZEN OF United	WHAT COUNTRY?		NEVER MARRIED	9. BALTIMO	UNTY OF DEATH	4-17		
06		TY OR TOWN OF DEA	JH			WIDOWE G HOME C	D DIVORCED DIVORCED	12g USUAL	OCCUPATION		OF BUSINES!	MD.
10	R	bethesda		(IF NOT IN SUCH PACILITY, GIVE STREET ADDRESS) SUBULT DAD HOSPITA				CTYPE OF WOR	Voucher Examiner Dept. of Army			
36	Ma Ma	AL RESIDENCE (IF NURS TATE Tyland	Mont	other institution of the state	GIVE RESIDENCE BEFORE LIGITY OR TOW Bethesda		13d. INSIDE CITY LIMITS?	4511 Avondale Street 20814				
1	14. FA	THER'S NAME		MIDDLE	LAST .		15. MOTHER'S MAIDEN NA		WIDDIE		AST	1
20		John	J	MIDDLE	Collins		Mary		ances	White		
	16a. ∨ √V	VAS DECEASED EVER		MED FORCES?	490 22 8		John A. Terr			22 A. Str gton, DC.		E.
/							JOHN A. TELL	у	Washin	· /	XIMATE INTERVA	AL
		PART I. DEATH W	H (Enter or AS CAUSE	lly one cause per D BY:	line for 101, ab , one	d (c).	a cat			BETWEEN	ONSET AND DE	EATH
		- Ulo	IMMEDIA'	TE CAUSE (a)	and the last	THE	1355	1	111	H.o	rsk.	-4.
		Canditians, if ony,	which	DUE TO, O	FAS A CONSEQUE	NCE OF	xASSAAV hu	wash	ra Was	111/1 3	4 6	1143
		gave rise to immediate (a), static underlying cause	mediate ig the	DUE TO, O	ON TOWNSEQUE	Soft T	Air list	+ Ales	100	3		J
		PART 2. OTHER SIGN	VIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	SE OR CONDITION	N GIVEN IN PART 1	ia-	
	NOI							~				
7	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	J INC	ERTIFYING CAUSE	S OF DEATH	
fun	ERTI	21a. ACCIDENT WAS UN	DERLYING T	7 21b. TIME C	E INTERY		21c. HOW INJURY OCCUI	YES	NO Z	YES D	NO 🗆	
4	AL C	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA		The state of the s	(ENTER IN	ATORE OF INJORY IN THE	,,0 , , , , , , , , , , , , , , , , ,		
-	U	(IF EITHER NOTIFY MEDI 21d. INJURY OCCUR		21e. PLACE	M. OF INJURY	19	21f. LOCATION					
	MEDI	WHILE NOT WE AT WO	TILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	- 1	CITY OR TOWN	COUNTY	STA	ATE
		22a.1 certify that (1)	(this hasp	(al) ottended t	e deceosed from	BAN W	19 0	× 10 41	MICH 9	19.05	, that (1) (****	e) lost
		saw the decease	ed alive on	ties the body	ofter Regth.	3.0	d that in (my) (bur) apiniar	n death accurre	ed an the date on	d have and from th	e couses yot	ed
		276 SIGNATURE	10	76.	0.0	TAN	DEGREE	MEDICAL	STAFF	221. DAY	SIGNED	to
		774 PHYSICIAN'S N	AMAIL CITTLE C	Steinin A	4/20	INION	Tale ADDRECT TO	MRECTOR	PHYSIGHAN E	1	7 8	1
1		-Grajo	班	GARA	STAR I	DI	Ballsson	nd Ason	TON TO	3/42	171	
	73a. t	URIAL CREMATION,	Removal	THE DATE N	MALE SHIELD		EMETERY OR CREMATORY	Pile	Y DETOWN	COUNTY	. Sta	ATE
		A TOTAL ASPECTATION CONTRACTOR	and the same	1 14,1		alvary				, Missour		
2	24. FC	INERAL DIRECTOR F		CA. PUM DA, MAR	IPHREY FUI YLAND PRESS	NEKAL	TIONEO,	1AR 17	1983	o and	Comie	1



(VRA 15, 4) 1/79

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m to		Carrina		
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367				
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	l	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG.		7 3	3 6	6
:		PECEASED NAME	FIRST HAROI	LD COPLA	MIDDLE	1	AST	MARCH 1		DAY YEAR	2b. HOUR 5 : 23	P.
M	1	MALE	mmo	4. RACE CAUCAS		SEPT	EMBEŘ 25 1922				R IF UNDER 24 H	HRS AIN.
172 hou	2	BIRTHPLACE (STATE OR I COUNTRY)	FOREIGN		WHAT COUNTRY? STATES	8. MARRIE	D NORCED	9. BALTIMORE CITY MONTGO	OR COUNTY	OF DEATH		MD
led the	7	CITY OR TOWN OF DEA	ATH	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A VAL HOSPI	DDRESS)	DR OTHER INSTITUTION	170. USUAL OCCUPA (TYPE OF WORK FOR MOS RETIRED	TION TOF WORKING LIF	126. KIND INDUSTR U.S	OF BUSINESS A.F.	
filled in avid be filled in	130	UAL RESIDENCE (IF NURS STATE (ARYLAND	136. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN GAITHERS	V	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRES 24 RAMS DE	LL COU	RT	2087	78
mpletely and 2 sh	3 14	JAMES CA		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	IE LEVINE			LAST	Ì
25.	16a	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADD	RESS	Sulper		
Poge medi		YES	JIF YES, GIV	E WAR OR DATES!	198-14-45	599	CONSTANTINE H	E.COPLAN, 24 RAMSDELL COUR' G, MD 20878 BETWEEN ONSET A: BETWEEN ONSET A:				
signed by the attend then please remave co ta burial, crematian, o njury, ar ather trauma	NO		nediate ng the last.	(b)	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	PUDITION GIV	'EN IN PART	110	
s been strait. I prior	CATI	190. DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FIND	INGS USED	,
al-transit pe al-transit pe at 18 shaw	AL CERTIFICATION	OR CONTRIBUTION .	CAUSE OF DEA	1 216. TIME O HOUR A.	FINJURY M. MONTH DA	F. 6.	EART DISEASE	YES NO C		PART 1 OR PART 2)	NO 🗌	
After this ca e as the burn of th and Me marked or th	MEDICAL	71d. INJURY OCCUR	RED	21e. PLACE			211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	E
TOR: Affar use a af Health		22a. I certify that (I) saw the decease abave, (I) (we) (ed alive an	MARCH	1 1	FEBRU.	ARY 28 , 19 83 and that in (my) (aur) apinian a	, ta <u>MARCH</u> death accurred an the	-		ne causes stated	
AL DIREC Jetached ate Dept. T: If Item		226. GIONATURE	W	300	oner deam.		DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF SICIAN [1 1	E SIGNED	33
the Stand		22d. PHYSICIAN'S N		1		MX	220. ADDRESS NAVAI	L HOSPITAL	, NAVA	L MEDI	CAL	
should be with the S	-				MC, USN		COMMAND, NATIO		AL REG			MI
)		Burial, CREMATION, SPECIFY) Burial		March	4, 83 AR	LING	ON NATIONAL	ARLINGIO			STATE	E
1 - 16 50M 4/82	24.	FUNERAL DIRECTOR I	DANZAN	ISKY-GOL	DBERG MEM	ORIAI	CHAPELS 250. DATE	P C 1083	blu	HARY SIGN	mery.	

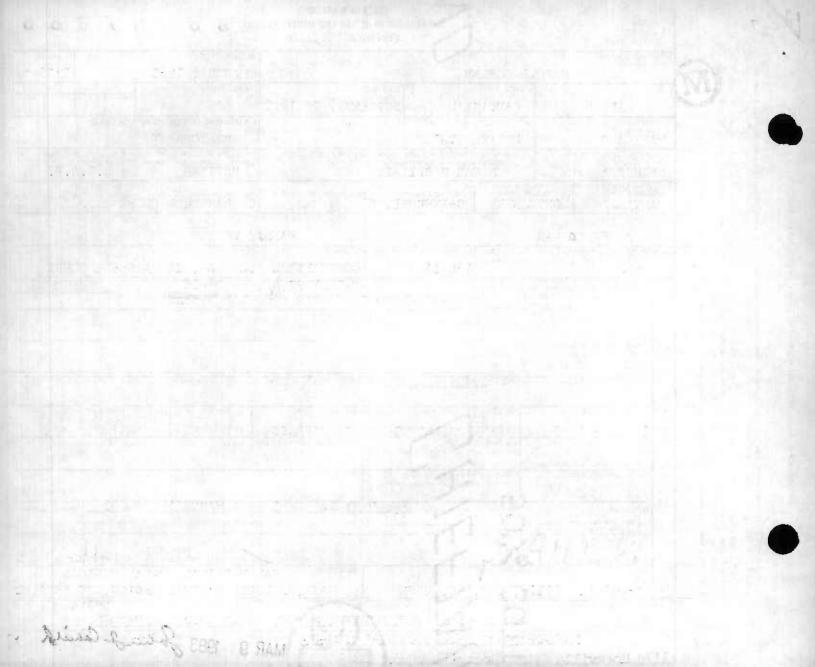
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DHMH - 16 50M 4/82

(VRA 15, 4)

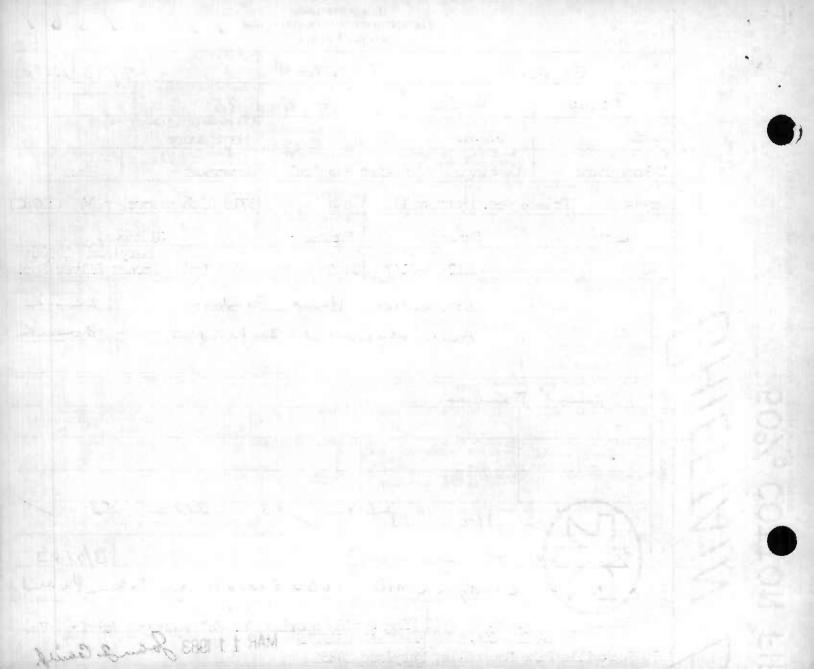
1170 Rockville Pike: Rockville, Md.

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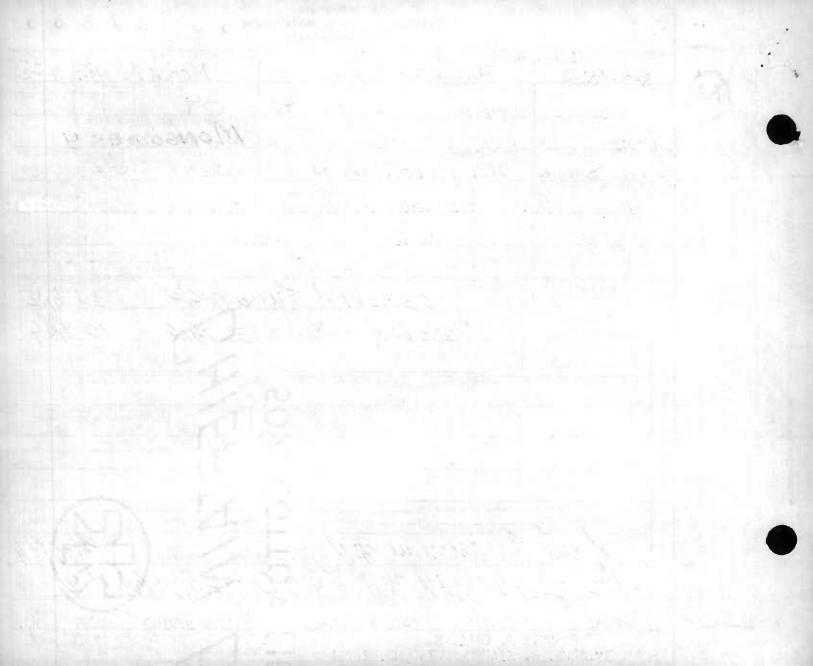
1170 Rockville Pike; Rockville, Maryland 20852

(VRA 15, 4)



500 UNIV. BLVD. . W. . SILVER SPRING. MD. 20901

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

Aug. 12. 1913 Make Jorgan

Assistation. .oomillo

police Tarry Hoffman 155-12-00al Ernes Covert 9800 Revent Md. Redwillia, Md.

Nervoyal | 1/25/1983 | Geo. Wesh. Med. School | Machil of ton. D.C. Coltuente martinary sorvices. Inc. .O.d .not mideal Ave. Por income; D.C.

Mentaged Links [solvers]

SYOTE

FRES . M. Spavio 8032

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	۱.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.	7 8	70
. V/		CEASED NAME FIRST	WIDDLE	L.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
100	3. SE	JAM	ES AI	LOYSTUS IS, DATE O	CREAMER	MARCH		983	11:30 R
		MALE	CAUCASIAN	JAN	DAY YEAR	52		THS DAYS	HOURS MIN.
Name of	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	OUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY	COUNTY O	DEATH	
1 19		WASHINGTON, D. C	. U.S.A.	WIDOWE		MONTGON	IERY		MD.
1 3	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		ROTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND O	F BUSINESS OR
超 100		WHEATON	11941 CLAI	RIDGE ROAD		BUDGET ANA			NE HDOS.
ould be	130	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	ATY 13c CHTY	OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	DIDCE 1	2/1/10	20902
should be the	14 E	MARYLAND I MON ATHER'S NAME	ITGOMERY WHI	EATON	YES XX NO	11941 CLA	KIDGE F	CUAU	20902
owice C		FIRST	MIDDLE	LAST	FIRST	MIDDLE	1 A	LAS TO A	
1050	160.	FRANCIS WAS DECEASED EVER IN U.S. AR		EAMER CIAL SECURITY NO.	RUSSELL 17 INFORMANT	JOANN		PA	LMER
medical		YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	8-40-0753			ME AS	13	WIFE
- -	H	VES KORE 18 CAUSE OF DEATH (Enter on			ALICE N. CAL	-AMER SF	WIL NO		IMATE INTERVAL ONSET AND DEATH
ent, 1		PART I. DEATH WAS CAUSE	DBY:		ENOGARO/NOM	DA OF LUAY			nas
r ren		115 GIMMEDIAT			C 04/C2/100/	01 000	4		7.03
on, o		Conditions, if ony, which	DUE TO, OR AS A CO	ONSEQUENCE OF					
emotion er troum		gove rise to immediate	(b)						
at y		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	ONSEQUENCE OF					
ta burial injury, ar	z	PART 2. OTHER SIGNIFICANT O		TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 1	0
÷ ō > -	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
ws of	FF					YES TI NOTA	IN CERTIFYIN	G CAUSES	OF DEATH?
Hygie 18 sho	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR			1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR					
2 5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR	RY	211 LOCATION	CITY OR TO)WN	COUNTY	STATE
Po	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC)	STREET	CITORIC		_	31816
ealth o		220.1 certify that (I) (this haspi			ER 1982	_ to MARCH	17 . 19.	83	that +++ (we) last
of He 21 is		sow the deceased alive an above, # (we) (did no	MARCH (7	19 d3 , or	nd that in (***) (our) opinion	death occurred on the d	ate and hour a	nd from the	couses stated
ten.	1	22b. SIGNATURE	, O		DEGREE			22c. DATE	SIGNED
		Fames 4	- Brown	um	ATTENDING PHYSICIAN (MEDICAL STA	FF CIAN 🔲	3/18	183
TAN	1	22 MENTS ICIAN'S NAME (TYPE C	OR PONIT		220 ADDRESS	T DAIA 111/4:	TTOUTLE	T 1/1/1	ONTARD
should be deta with the State I		UAMES A.	BROWN	m	6525 BELCRES	KUAU, HYA	IISVILL	c, MAI	CYLAND
3 ≥	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
		BURIAL	3/21/83		OF HEAVEN	SILVER SP		MON	
OM 4/B2	24. F		CIS J. COLLI		1 11	TE REC'D. BY REGISTRAN	256. REGISTRA	R'S SIGNAT	URE
5, 4)		500 UNIV BLVD.	W. SILVER S	PRING, MD.	20901 MA	AR 281983	Jolen	3.6	about & a

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or ather traumatic event, the

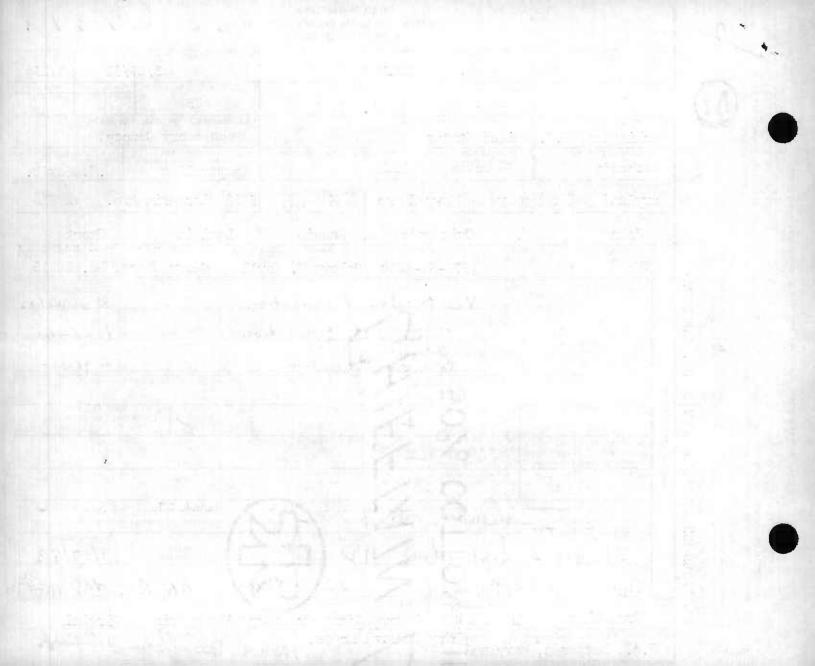
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR			DUKKI		CATE OF DEATH			6. NO.	,, ,	, , ,
		CEASED NAME	FIRST	1	MIDDLE	l.	AST		20. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
	(I TYPE	OR PRINT)	JOHN		W. CF	RITTEN	IDEN			3/2	27/83	1:25p A
	3 SEX	(4.	RACE					6. AGE IN YEARS LA	T BIRTHDAY	MONTHS DAY	
		male		cauc Feb.			6, 1908	AR	7.5	YRS		S HOURS MIN.
h	C	RTHPLACE (STATE OR COUNTRY) Shington.			States	MARRIEI WIDOWE	D NEVER MARRIE		Montgon	_		WL
70	10. CI	ty or town of de. ethesda	ATH 1	Subur	ban Hospi	address)	OR OTHER INSTITUTION	NO	126. USUAL OCCU (TYPE OF WORK FOR M Comptro	OST OF WORKING		Gov't.
35	Ma	TATE TYland	Montgo		Chevy C		13d INSIDE CITY LIM	_	5420 Wisc	consin	Ave.	20815
1	14. FA	THER'S NAME	A.S	DDLF	LAST		15. MOTHER'S MAID	DENNAM		LE.		LAST
00		John	I	DDIE.	Crittende	en	Fannie		Latit			out
1		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	Nep	hew A	DRESS 360	08 Car	diff Road
*	(4	NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	579-58-4	880	Robert E.	Ear	11 Che	evy Cha	ase, Md	. 20815
NGTO		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventrular Fibrillation APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT The state of the sta										
SAPPINGTON		4/07 Conditions, if ony	0		R AS A CONSEQUE	ence of	L Juler	retir	ry		40 1	win ter
DR. S		gove rise to im couse (a), stati underlying coust	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	prompos	· Us			2	tens
TO D	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101										
HODY	CERTIFICATION	190 DATE OF OPERA	TION	19h COND	ITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? YES □ NO	IN CER	YES, WERE FINITIFYING CAUS	DINGS USED SES OF DEATH?
THE		710. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH		OF INJURY M. MONTH DA	AY YEAR	21¢ HOW INJURY	OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM I	B PART I OR PART 2)
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE			211 LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
RELEASED		220.1 certify that (I sow the decea above, (I) (we)) (thus hospita	Mane	122 19	83 .01	d that in (my) (C 2.	to Manc leoth occurred on t	he date and h	_, 19 <u>83</u> nour and from t	_, that (I) (we) los he couses stated
[H]		226. SIGNATURE	an 1	Sah	binde	V	DEGREE ATTENI		MEDICAL DIRECTOR PH	STAFF YSICIAN [3/2	TE SIGNED
MAYI		THOMAS	S. S	1 - 4	IGTON		fre ADDRESS 2233	Wis	CONSIN	AVE A	SW W/	(SHINET
DR.		SURIAL, CREMATION	, removal n	23b. DATMa 28	arch 23c N		emetery or crema olitan Cre		23d LOCATION CITY OR TOV Alexa	ndria	Virg	inia STATE
2	24. FU	P.A., Beth	Robert esda,	A. Pu Marylar	mphrey _{res} Fund	mera]	Homes,	APR	REC'D. BY REGIST	RAR MAREO	ISTRAR MENCE	atively

DHMH - 16 50M 4/B2 (VRA 15, 4)

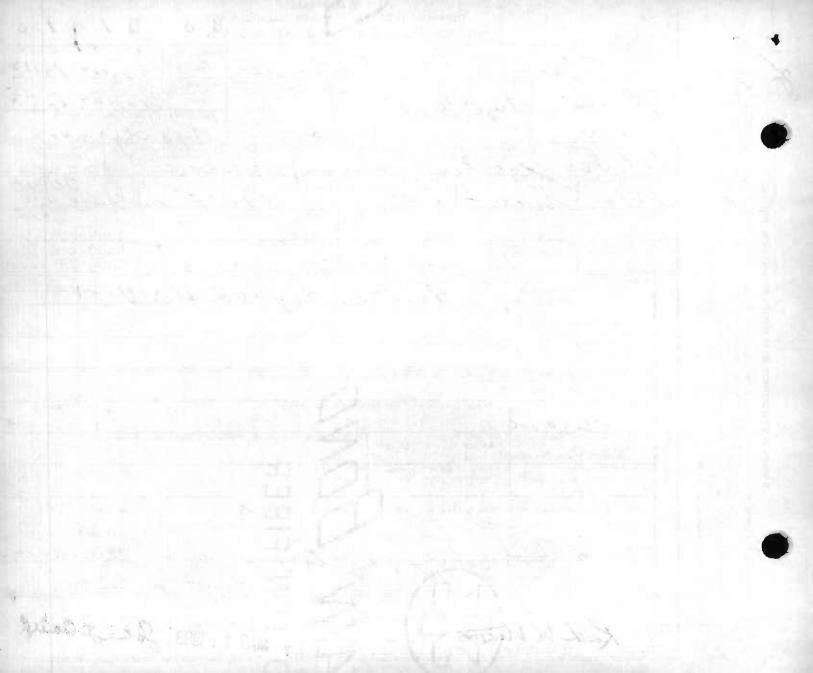
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1º		1	FOR			DED 4 DT		OF MARYLAND	neue ()	2 0	7 2	7 2
0		1.	STATE REGISTRAR			DEPART		EALTH AND MENTAL HYO ICATE OF DEATH	SIENE O	REG. NO.	, 0	
			CEASED NAME	FIRST		WIDDLE	Ĺ	AST	20 DATE OF D	EATH MONTH	DAY YEAR	2b HOUR
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	5 g 5 g 3 M	23a	BURIAL, CREMATION,	REMOVAL	236 DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCAT	ON TOWN	COUNTY	STATE
	BP		Cremation		Mar. 9	, 1983	Lee	Crematory	Wash	ington, I	C.	
	DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR		The state of	ADDRESS		25a. DA	AR 1 1 1	SISTRAR 25 JEGIS	TRAR'S JIGN	aheel
	(VRA 15, 4)		Capito	ol Fu	neral S	ervice, F	alls	Church, Va. W	Cut 1 1 1	6		

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR I. DECEASED NAME 2a. DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI WITHIN 72 HOURS PRESTON STREET, DEATH MATED 6. AGE (IN YEARS | IF UNDER DATE OF BIRTH IF UNDER 24 HRS DATE White YEAR LAST BIRTHDAY PRONOUNCED Female DEAD TO BIRTHPLACE ISTATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Virginia USA WIDOWED D DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME. FOR MOST OF WORKING LIFE) *Homemaker own home 136 COUNTY 13a. STATE 13d INSIDE CITY EIMITS? 13e STREET ADDRESS 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST / MIDDLE MIDGLE LAST Eddie Parks Ida (unknown) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 2905 Stockton St LYES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) 226-38-9059 Richmond, VA 23224 Cubbage APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE AL CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT GONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION USED AS 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AL. BURL YES [E 3 SHOULD BE U 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DÉATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT WORLE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 226. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) DATE Pravely 1983 R'S NAMEDY . S. ROGERS, DME JOHN 1919 Seminary Rd. Sil.Spr.,MD ADDRESS March 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Maury Cemetery Richmond BP 24 FUNERAL DI .O.Box 7428 **DHMH - 17** Pumphrey .Sil.Spr.,MD 20907 (VR A15 ME (5) Inc 20M 4/82



MPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical examiner must be parify at a second

/				STATE	OF MARYLAND		tim design da	1014
9	1-	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 3	0 7 8	4
	(1191	CEASED NAME Alice	B.	Cui	limore	20. DATE OF DEATH MON	14.83	26 HOUR 11 31 11 1 M
	3. SE	Female	COC.	5. DATE OF	1. 9 ^{AY} 189 ^{AR} 1	9 BALTIMORE CITY OR CO	YRS DAYS	IF UNDER 24 HRS. HOURS MIN.
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5	130	AL RESIDENCE (IF NURSING HOME OF OT	HER INSTITUTION GIVE RESIDENCE	HELSON		13. STREET PODRESS	11 Ave.	20760
3		James #	de Ber	Kon	S. MOTHER'S MAIDEN NAM	e Cromwe	Ul Ha	odaes
1		VAS DECEASED EVER IN U.S. ARME (15, NO OR UNKNOWN) (16 YES, GIVE W		SECURITY NO.	Mrs. T. Barr	ADDRESS nes,1504 Cran		MD Luthervil
	2	PART I. DEATH WAS CAUSED E MMEDIATE (Canditions, if any, which gove rise to immediate	BY:	2. H.F	= A.7	=. \	2 2	MATE INTERVAL DINSET AND DEATH HOWY
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2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY? 20 IN	b. IF YES, WERE FIND IN CERTIFYING CAUSES YES []	GS USED OF DEATH?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PART 2)	
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		Jack Sch	umach	erm		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
1		Jack Schumache	er, M. D.		Gaithersb	urg, MD		1
	(Burial	236. DATE 17 Mar 83		11 Cemetery	23d LOCATION CITY OR TOWN Baltimore	AA	MD
	24 FU	JNERALDIRECTOR James S. Kirkley	∕, Glen Burn°	ie, MD	25a. DATE	MAR 1 7 1983	REGISTRAR'S SIGNATI	Perhalf.

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		othy	V. Curt	is	3/18/83		4:50pg
	3. SEX	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DATE	
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2000	Silver Spr.	(IF NOT IN SUCH	OSPITAL, NURSING HOME OF FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12e. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF	ON 12b. KIND FWORKING LIFET INDUSTRY	OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COU	OTHER INSTITUTION, G		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS		20904
1	JOHN FIRST	. H'ddim	KING	DOROTHY	WIDDLE	LAND	MAN
	160 WAS DECEASED EVER IN U.S. AR	A W ARAOR DATEST	5 78 = 28-3455	17 INFORMANT Clyde R. Cur		SKingshouse Md. 20904	
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	22e. I certify that (1) (this hosp	ital) attended the	19 87 0	nd that in m) (our) opinion DEGREE ATTENDING PHYSICIAN	to	27c. DA1	that (O(we) loss couses stated
	22d PHYSICIAN'S NAMED IN	Deiner	~o	220. ADDRESS		d focks.11	Lus
	230 BURIAL, CREMATION, REMOVAL	3-21-	1983 Fort L	incoln Cemete	ry Brentwood	Pr. Georg	ges Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

MPORTANT:

FOR

3-21-1983

23c NAME OF CEMETERY OR CREMATORY
Fort Lincoln Cemetery

Pr. Georges Md.

11800 N.H. Ave.,

ADDRESS. Md. 20904 74 FUNERAL DIRECTOR
Hines/Rinaldi Funeral Home

Address Spg. ' of Cross Huggidal Pac. Superstant U.S. Costs. THE STATE OF THE S enfector of the chi Back to product the ENE AA STUTTE Clyds - Corite-gop-9 5, 925 7717-77-905 Tied and the state of the state

12	STATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 5	76
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		Zb. HOUR
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E Que	S. SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR	HOURS MIN.
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with with	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF	BUSINESS OR
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ol, cr	underlying cause last. DUE TO, OR THA CONSEQUENCE OF CASTALE VLEER 35	0/195
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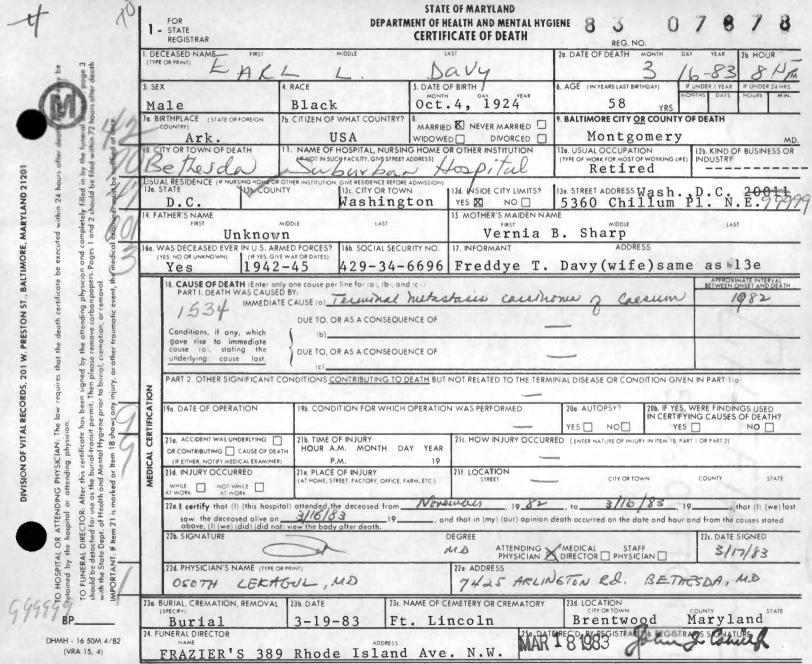
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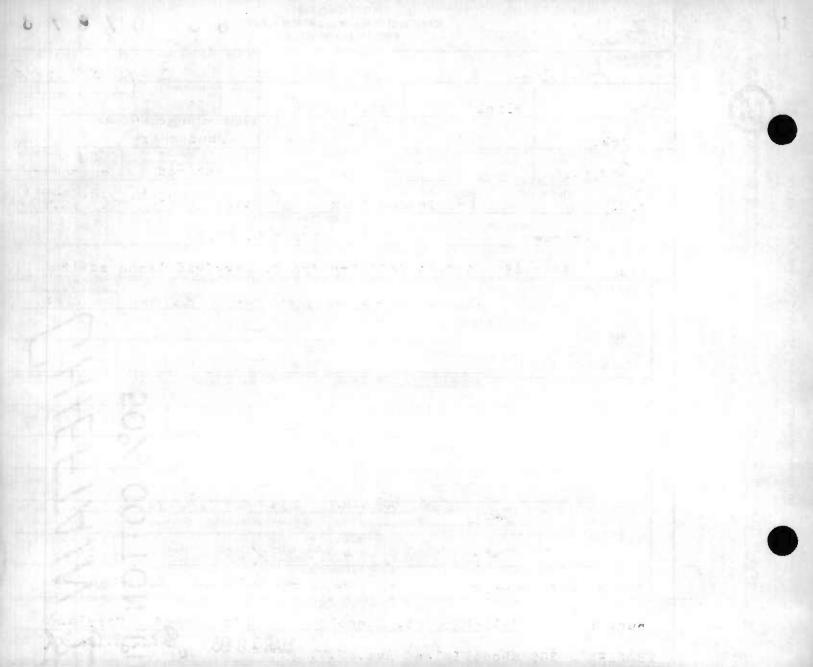
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ST., BALTIMORE, MD, 21201 GUNS AFTER DEATH. IF ANY DELAY IS NECE A. 18. GIVE PAGES 1, 2, AND 31 OT HE FUNE G. WITH FORM PM. 3. RETAIN PAGE 5 FO MIT. PAGES 1 AND 2 SHOULD BE FILED, WITH WE, DINISION OF-WITAL RECORDS, 201 W. PRE	13a. S	MD20815	MON"	TGOME	TY CHO	ZUY CI	YASE	13d. INSIDE COY LIN		REET ADDRESS	ISCOR	15/1	N AVE	
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OF V ATE S E WO THE O O BU	GE	210 EXTERNAL CAUS	EWAS		OF INJURY	TH DAY YE	AR .	OW INJURY OC	CURRED (ENTE	R NATURE OF INJURY	IN ITEM 18 PAR	T I OR PART	2)	
ON DIFFICATION TO THE COLUMN ARTA	CAL	CONTRIBUTING	AUSE OF D	EATH //	P.M. 3	5 198		CATION	Loca	red ,	APART	MG	NT	
DIVISION S CERTIFIC RETING TH RES 3 SHOUL E DEPART	MEDICAL	21d INJURY OCCURR WHILE NOT N		TIE PLAC	E OF INJUI	RY (AT HOME.	ZII. LO	CATION STREET //	M	CHY OR TOWN	P.	coup	71/	STATE
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PAR SAIR		22a. certify that	taak charae	of the remains	described o		Autap		pectian 4.	Inquiry		п ту аріг	nian	
AMIII RTIFI RECO		death resulted from	Nature	ol causes	a) Author	nt LJ, S	ouicide	, Hamicide		etermined manne	r [_].			/ .
A A A SUBJECT OF THE SERVICE OF THE		ACTUAL SIGNATURE		319	Illen	MILIA	N.	DEPT		DICAL EXAMINE	В	DATE	3/6	183
PE TE	-		~	0	1	, /	,		, 1	DICAL EXAMINE	1	SIGNED	2081	14 11.
DIVIS TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEALL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DEF BATTIMORE, MARYLAND, 21201 P		(TYPE OR PRINT)	FRAN	icis (11/	AYLEV	10	ADDRESS 82	00 1015	COUSIN/H	VE +	DET	14853	1/10
	23a.B	JRIAL, CREMATION, RE Burial						R CREMATORY	23d. I	OCATION Y OR TOWN		COUNT	Υ	STATE
BP	24 F	JNERAL DIRECTOR J		3/10/19				metery		Washingt BY REGISTRAR		C.	GNATURE	
DHMH - 17 (VR A15 ME (5))				Ave. N				N	MAR 1 5		Ze.	21	2	1
15M 2/80		7-7-						- 11	11111 1 C	1300	- 44	101	almy,	=

18 7 15t . . . Things n committee to the contract of the cont u M The second side of the second of the second second

urial 5/23/1983 Clemend Cemetery Contractor D.C.

loseph invilents bons and Hoseph Grider's bone inc.





Warner E. Pumphrey, Inc. Sil. Spr., Md. MAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

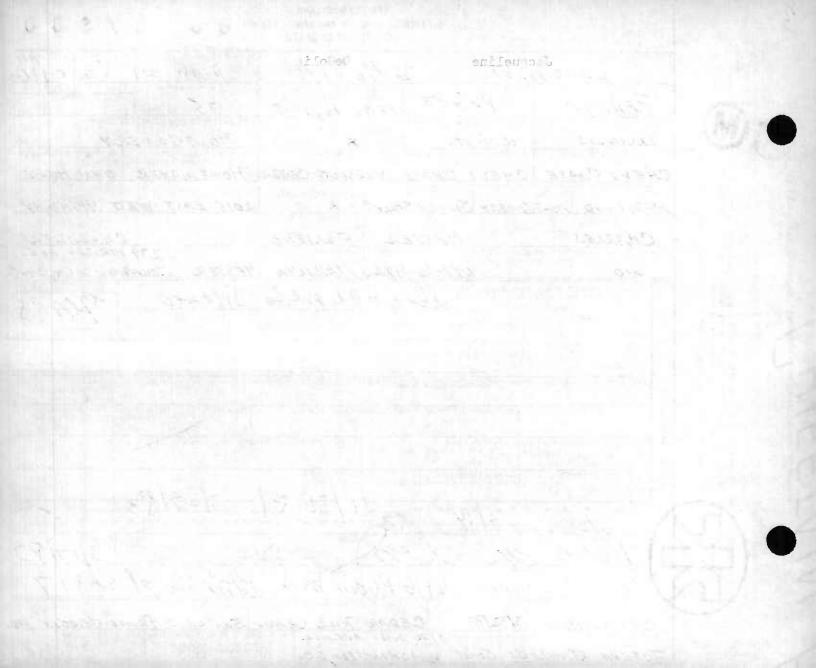
REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15. 4)

I was most worked by the townstrain ALLEGE TO SELECT THE SELECT STATE OF THE SELECT STATE STATE OF THE SELECT STATE OF THE

				STATE OF MARYLAND	4		
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	7880)
ge 3 sorth			acqueline MIDDLE	o Go DeGolia	20. DATE OF DEATH MONTH	7 83 0916	40
	3. SE	FeMA/e	1. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR FEB. 16, 1908	6. AGE (IN YEARS LAST BIRTHDAY) 7.5 YRS		
W5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED WIDOWED NOVORCED	9. BALTIMORE CITY OR COUN		MD.
by the filed in nobidi		lver Spring	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION (ADDRESS) WURSING CENTER	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS (OR
filled in outd be	130. 5	TATE 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 2015 EAST - W	. 209	10
completely 1 and 2 sh		THER'S NAME FIRST CHARLES	MIDDLE LAST MESS	15. MOTHER'S MAIDEN NA	WIDDLE	CHANDLER	_
on and con property and con medical		VAS DECEASED EVER IN U.S. AI (18 YES, NO OR UNKNOWN) (18 YES, GI	RMED FORCES? IVE WAR OR DATES) 097-26-			9 HORIZEN AVE NTAIN VIEW, CA	WF.
equires that the death certifical signed by the attending phy. Then please remove carbonpo to burial, cremation, ar removingury, ar ather traumatic event	NO	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)		AINAL DISEASE OR CONDITION C	THE R	<i>S</i> =
no. has been to permit. ows day	TIFICATION	1% DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO	
r this certificate the burial-transit and Mental Hygi and or frem 18 sh	MEDICAL CERT	FIE. ACCDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OF ECHER NOTEY MEDICAL SEAMING FIE. INJURY OCCURRED	HATH HOUR A.M. MONTH D	19 2H LOCATION	SED TENTER MATURE OF MARY	COUNTY STATE	_
RECTOR: After ted for use as th pt. af Health or em 21 is marke			pital) attended the proposed from	30 10 P	to 3/27/8 death occurred on the date and h	50, that (1) 500 our and from the course, stated	ost
by the by the ERAL DII e detach		12d. PHYSICIAN'S NAME (TYPE	OFFRINT)	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	13/27/8.	3
TO HOSP retained TO FUN should b with the		1605 7.	MAKD ALL	HURIT WATE	CHIBE SVA ,	1 400/	-
BP		SURIAL, CREMATION, REMOVA (SPECIFY)	3/31/83 C	EDAR HILL CEN	23d LOCATION CITY OF TOWN SWITLAND PR TE REC'D. BY REGISTRAR 256. REG	COUNTY STATE	MD.
HMH - 16 50M 4/B2 (VRA 15, 4)	A.F	INERAL DIRECTOR NAME OSEPH GAWL	ADDRESS	70.00	PR 5 1983	CALLED CALLED	_



BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

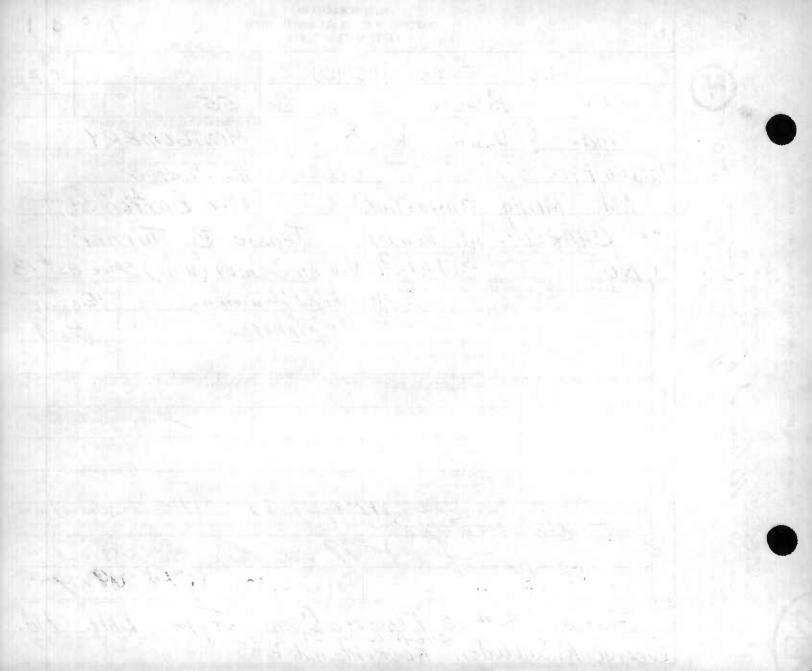
24 EUNERAL DIRECTOR
NAME
OFO GE

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

APR 5 1983

	REGISTRAR						REC	6. NO.			
	CEASED NAME E OR PRINT)	FIRST	MIDDLE	LAST	11011	20	. DATE OF DEAT		DAY YEAR	26. HOUR	3
2.55		PAUL	EDWARD		MB9		ACE was seen		31-83	107	7 M
3. SE	MA/E	•	BLACK	5. DATE OF BI		YEAR 28	AGE (IN YEARS LA	YRS.	MONTHS DAYS		MIN.
70. B	IRTHPLACE COUNTRY)	FOREIGN 7b.	CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARR	SIED -	MONT		Y OF DEATH		
10 C	JEY OR TOWN OF DE	ATH II.	NAME OF HOSPITAL, NURSI	WIDOWED [uSUAL OCCU	PATION	12b. KIND (OF BUSINES	MD.
70	Koma to	Ark i	WAS WNG +	en Ad	uent	18+"	MAINTE	DST OF WORKING L	IFE) INDUSTRY		
130. 5	ALRESIDENCE (IF NUE	13b COUNTY		WN / 1134	I. INSIDE CITY LI		STREET ADDRE	BAFI	on's	7	Parameter
14 FA	ATHER'S NAME	ARLE	S M. De	mby 15.	MOTHER'S MA	On A	e B	111	rnev	ST	
	VAS DECEASED EVER YES, NO OR JINKNOWN)	(IF YES, GIVE W		URITY NO. 17.	INFORMANT	Der	nBy (u	vife).	SAME	AS#	13
	18 CAUSE OF DEA PART I. DEATH V	TH (Enter only of WAS CAUSED B IMMEDIATE C		Subara	droid	Hen	mpos	1	BETWEEN	ONGET AND DE	AL EATH
	4310		DUE TO, OR AS A CONSEOL	JENCE OF	X1.00	dessi	الما		4	Dell	,
	Conditions, if any gave rise to im cause (a), stati underlying caus	mediate ng the	DUE TO, OR AS A CONSEOU	JENCE OF	11				6	90	
Z	PART 2 OTHER SIG	NIFICANT CON	NDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO T	THE TERMINA	AL DISEASE OR C	ONDITIONG	VEN IN PART I	10	
CERTIFICATION	19a. DATE OF OPERA	ATION	196 CONDITION FOR WHICH	H OPERATION W	'AS PERFORME	D	200 AUTOPSY?	TIN CERT	S, WERE FINDI	INGS USED S OF DEATH NO	15
	21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTHY MED	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	e. HOW INJURY	OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)		
MEDICAL	21d. INJURY OCCUP	RRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	216	f. LOCATION STREET		CITY	DR TOWN	COUNTY	STA	ATE
	22a.l certify that (I	(this haspital)	attended the deceased fram,	n	not in (my) (our)	apinion dea	, tath accurred an th	ne date and ha	19		e) last ed
U.K	22% SIGNAHORE	(did idi)	ew me budy three agon.	PEG	ATTEN		MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c. DATE	SIGNED 8	3
	DV.	Les &	10 witz	22	ADDRESS	NINA	Lu 51	ly	2090	4	
23a E	BURIAL CREMATION	, REMOVAL	.1 11 0 - 1	NAME OF CEME	TERY OR CREM	ATORY	23d. LOCATION	NO.	BOUNTY, 1	112	ME A



Francis J. Collins

Silver Spring, Md.

500 University Blvd. W.

MIDDLE

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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12h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT nouv

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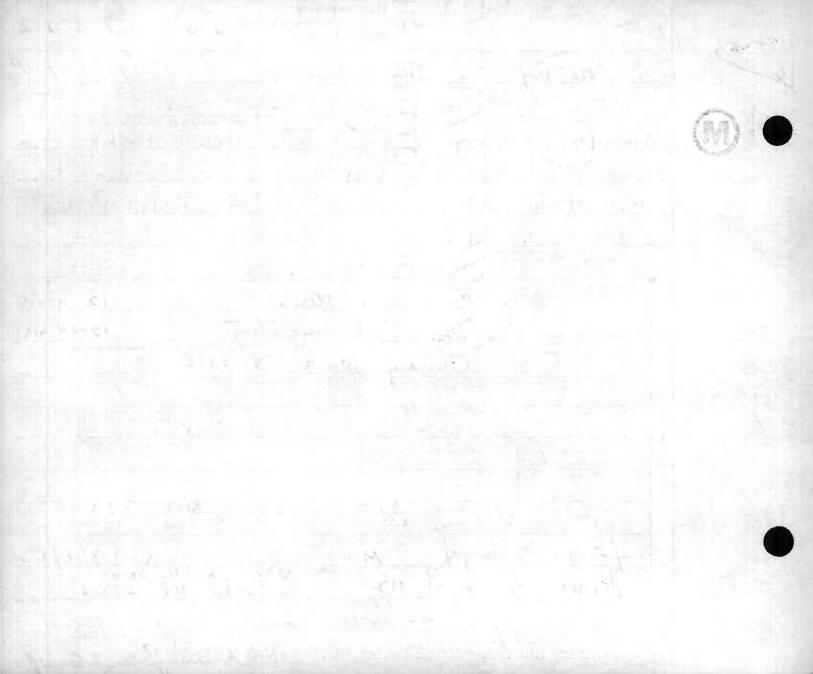
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22c. DATE SIGNE

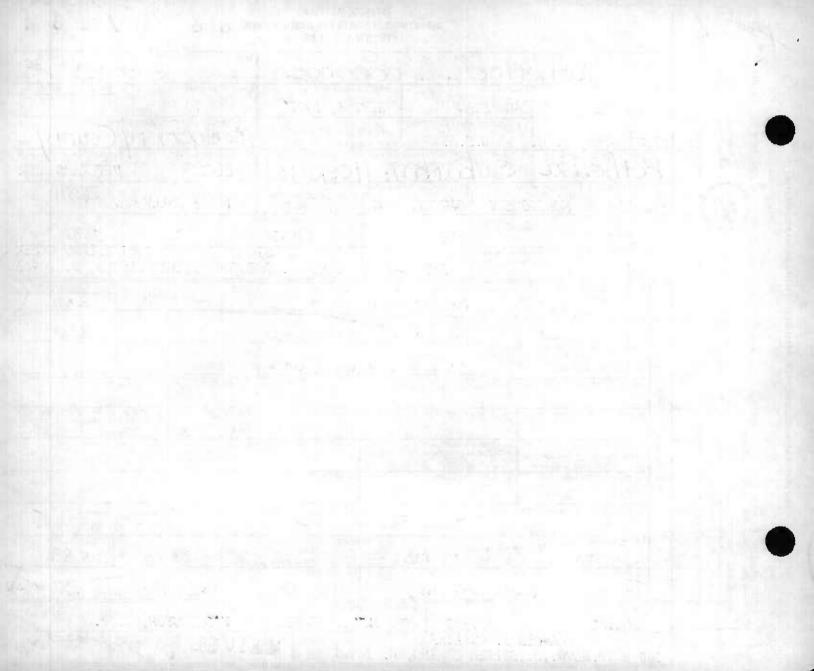
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1/		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE												4.0			
1	1		STATE REGISTRAR			XAMINE			CATEO	100	H S	REG. N	0	7 8	3	3	
	(RA)		CEASED NAME FIRST	3	MIDDLE			LAST		2a	DATE K	NOWN	MON	TH DAY	YE AR	2b. НОЦВ	
	3458E	(1117	ELS/6	DOERR OF ESTI-								MATED	0 3	12.	19/3	845	
	STE THE STEEL	3. SE)	1	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR		DER 1 YR.	IF UNDER 2		DATE	CED	MONTH DAY YEAR 24 HO				
	ARY, AND WORK NOON S		te LAUC	6 24	98	84 YRS			I I CONO		DEAD		3		1983	PAN	
1	NEGE SE FUNERAL S FOR WITHIN W. PRESTOR	FC	RTHPLACE (STATE OR REIGN COUNTRY)		AT COUN	TRY?			VER MARRIE	D KA	BALTIMO	ORE CITY			DEATH		
	IS NECE E FUNE E 5 FOI E 5 FOI		shington, D.C.	U.S		SING HOME	OR OTHE		DIVORCE	D LJ ,	OCCUP		721 C		IND OF BU	MD	
	CIOSO W	1	Pock VILLE	SHILL L		REET ADDRESS	Von	/	11	FOR MOS	T OF WORK	ING LIFE)		0	R INDUST	RY	
			L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV			٧) .	13d INSIDE C	Mase.		cret				nknow	n	
PRESTON ST BALTIMORE AND STORE	EATH. IF ANY DELAY FEATH. IF ANY DELAY FES. 1. 2. AND 3 TO T A PM 3. RETAIN PA AND 2. SHOULD BE F FAVITAL RECORDS, 2	130 3	MID MO		ROC		4	YES (NO 🔲	9701	ADDRES	IER.	5	DR.	208	50	
3	H. II. 12, 2, 2, 2, 2, 2, 5, 2, 5, 2, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	14. F/	THER'S NAME	MIDDLE	Į	AST		15. MOTHE	ER'S MAIDEN	NAME	MI	DDLE			LAST		
90	DEATH. GES 1, M PW AND 2		John C. Doerr					AJ	lvira	Han	son						
TIME	S AFTER DEATH GIVE PAGES 1, 1TH FORM PM PAGES 1 AND 2 IVISION OFVITA	16a. V	VAS DECEASED EVER IN U.S. AR (5, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		IAL SECURITY		17. INFORA				ADDRES		M	aryla	nd	
2	URS AFTER DE B. GIVE PAGE WITH FORM T. PAGES I A DIVISION OF		18 CAUSE OF DEATH (Enter or			-54-020	00 T	Rev.F	Richar	d Rei	char	d 970	V IC		Dr. R		
5	N 24 HOURS N ITEM 18. G ALONG WIT SIT PERMIT. P HYGIENE, DIN		PART I DEATH WAS CAUSE	D BY:		18 W 14	11 1	E	-MIX	0615	111			861	WEFNONSE	T AND DEATH	
Ç	V 24 HC N ITEM ALONG T PERW YGIENE OVAL		4519 IMMEDIA	DUE TO, OR		SEQUENCE O	F			20170					700	1. have	
	ANS AL H	-	Canditians, if any, which gave rise to immediate		IRON	110	PM	eBL.	itis						YV.	1	
30.5	OTED WITHI IN PENCIL EXAMINER I'AL - TRANS ON MENTAL ON, OR REAL		cause (a) stating the <u>under</u> lying cause last.		AS A CON	SEQUENCE OF	F										
	NO N		A INV A ATHER CAMPACANA	(c)													
	ULD BE EXECUTED WITHIN 24 HOLY "PENDING" IN PENCIL IN ITEM 15 "F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANST PERMI HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL	z	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH B	UT NOT RELAT	EO TO THE TERMIN	AL OISEASE	OR CONDITION	N GIVEN IN PART	1 (0).							
9	OULD B O''PEN ISED AS IAL, CR	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR V	VHICH OPERA	TION W	AS PERFOR	MED?				-11-	20	AUTOPSY	?	
A FIX A C M C M C M C M C M C M C M C M C M C	SHOULD ORD "PE CHIEF A LE USED TOF HE USED URIAL, OR IAL, OR I	TIF		-	-										YES 🔲	NO Z	
i d	ATE WEN WEN THE TO BE TO BE		210. EXTERNAL CAUSE WAS	21b. TIME OF HOUR, A.M.	MONTH	DAY YEAR	21c. HO	W INJURY	OCCURRED	(ENTER NATI	URE OF INJU	RY IN ITEM 1	B PART I OF	PART 2)			
2	AREA OF THE CONTROL O	MEDICAL	CONTRIBUTING CAUSE OF		-	170 -	A		E	Ch	85	7	PA	11			
2	INER: THIS CERTIFICATE SHOULD SIGNATE SHOULD SIGNATING THE WORD "PER FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A TOR: PAGE	ME	21d. INJURY OCCURRED WHILE NOT WHILE	2Te. PLACE O	DRY, FARM, ET	(AT HOME,	211 LOC	REET	. 0	100	ITY OR TOW	N	11	COUNTY		SAIE	
100	E, WRI E, WRI PAGE STATE		AT WORK AT WORK	A	OMIC	>	9/01	VEIK	SIR	160	406	10	1111	WI	-	mil)	
	L EXAMINER: E CERTIFICATE OULD BE FORM L DIRECTOR: H, WITH THE S , MARYLAND,		22a. I certify that I taak char				Autops		Inspection		Inquiry		and in my	apinian			
	EXAMI CERTIFI- JID BE DIRECT WITH		death resulted fram: Natu	oral causes ,	Accident	, Suic	ide L!.	Hamic THILE (S		Undeterm	nined mar	nner	,				
	ITHE CER SHOULD ERAL DIRE SHOULD ERAL DIRE SATH, WITH STEEL WITH STEEL WITH STEEL WAS SHOULD		ACTUAL SIGNATURE	and Ille	11/1	us	M.	De	al	MEDICA	LEXAMI	NER	DA	NED 3	1/2/	12	
	A SP TE	-	EXAMINER'S NAME LA	1	1	1-11-		7	C /	r/	an.	, 1	5	3	0814		
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL DIRECTO AFTER DEATH, WITH TH BATTIMORE, MARYLAN		(TYPE OR PRINT)	TUCIS (,	[1]	TILE		DDRESS_4	520011	1Score	2 00	HVE	De	THE	5de	MAS	
		23a. B	URIAL, CREMATION, REMOVAL			AME OF CEMI				23d. LOCA CITY OR T	OWN		- 0.0	OUNTY	_	TATE	
	BP	24 F	Uneral Director		1983	Cedar	Hil	L Cre	matory 25a. DAJE RE	SI CA BY RE	iitla GISTRAR		Mar	ylan SKONA	DURE .		
	DHMH - 17 (VR A15 ME (5))	T	ne Hysong Co. 1	300 N St.	N.W.	Washin	neto	2.10	MAH	(211	983	Jack	mo	no let	muy		
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Minks 1 1980 P. January C. H. L. Marchagan, R. C. Minks 1 1980 P. Canada.

19 3	1	FOR - STATE REGISTRAR	DEF	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGII ICATE OF DEATH	ENE 8 3	0 7 8	8 4
noy be * poge 3		CEASED NAME FIRST	erine D. X	7	nohoe	2a. DATE OF DEATH	3-04-83	26. HOUR AM
e 4 mo	3. SE	× FEMALE	CAUCASIAN	5. DATE O	T 6, DAY 190 TEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 HRS
oth. Pog 72 havra		IRTHPLACE (STATE OR FOREIGN COUNTRY) SHINGTON, D. C.	76. CITIZEN OF WHAT COUN	UTRY? 8.	D NEVER MARRIED		R COUNTY OF DEATH	ntu
y the fun led within	10.5	ethesca	11. NAME OF HOSPITAL, N		ROTHER INSTITUTION A	(TYPE OF WORLED MOST OF CLERK	F WORKING LIFE) INDUSTRY VETERA	NS ADM.
24 hours		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP IRY LAND MONT		E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	30. STREET ADDRESS	LLY WAY ZO	896
ed within	14. F.	ATHER'S NAME JOHN	DOYLE LAS	ST	15. MOTHER'S MAIDEN NAM MINNIE	MIDDLE C.	DAÑ	
be execut on and ce s. Pages	16a '	VAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES, GIV	VE WAR OR DATES	SECURITY NO. 7-05-623	17. INFORMANT COUSTI ELLEN D. BRI		ss 3401 ISLAN 'ER SPRING,MD	20906
s that the death certifica do by the attending phys lease remove carbon pay rial, cremotion, or remove or other troumotic event		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CON: (b) MUSC DUE TO, OR AS A CON: (c) COVID	SEQUENCE OF	infarction eart disease		31	MATE INTERVAL ONSET AND DEATH KINS KINS
on. hos been signe to permit. Then permit. Then permit one prior to bur ows ony injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT	19b. CONDITION FOR W			200 AUTOPSY? YES NO X	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS USED
HYSICIAN: T nding physici ns certificate by briol-transi I Mentol Hyg or Hem 18 sh	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	HOUR A.M. MONTH P.M. 210. PLACE OF INJURY	19	216. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR		STATE
ATENDING Pospital or offee scrops. After the for use of the for use of the for use of the for use of the formula of the formul	¥	while NOT WHILE 22a. I certify that (I) (this hasp		from	3-3 , 19. 83	_, to	0-3	that (I) (we) lost
OR he he he coche oche Dep		Thomas L.	Sinderson,			MEDICAL STAF	22c DATE	SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store MPORTANT:			SINDERSON, MI		11125 ROCKU		ROCKVILLE, N	Vd. 20853
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	3/7/83		EMETERY OR CREMATORY IVET CEMETERY		TON, D. COUCY.	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR FRANC DO UNIV.BLVD., W	IS J. COLLINS SILVER SPRI	NG, MD. 2	0901 250 DATE	REC DBY BEGISTRAR	236 REGISTRAR'S LIGHTAL	arcly



BP DHMH - 16 50M 4/82 (VRA 15, 4)

FOR

REGISTRAR

- STATE

24 FUNERAL DIRECTOR FRANCIS J. COLLINS "5"00 UNIV.BLVD., W., SILVER" SPRING, MD. 20901

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SILVER SPRING 250 DATE REC'D. BY REGISTRAD S. REGISTRAD'S SIGNATURE

REG. NO

IF UNDER I YEAR AONTHS DAYS

INDUSTRY

IZM KIND OF BUSINESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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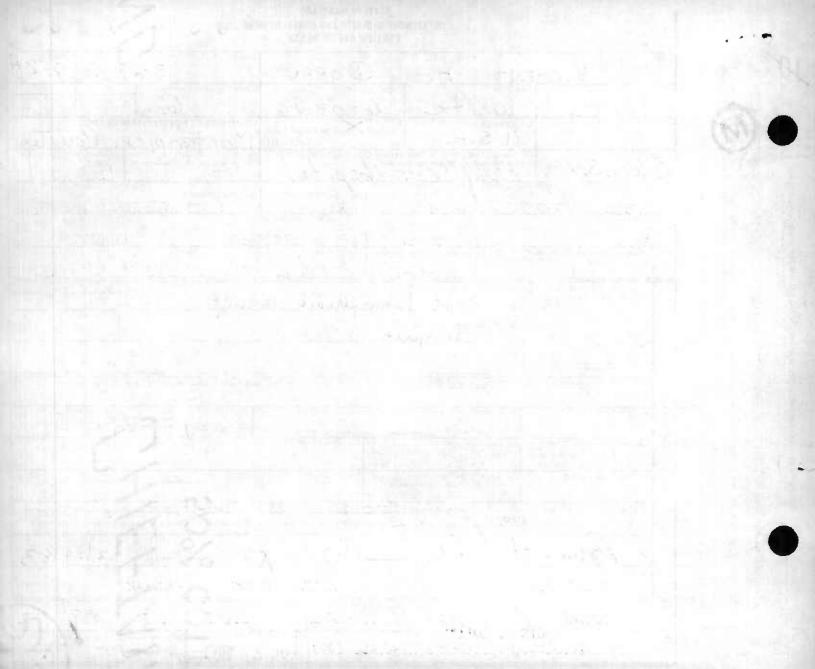
85 . that (1) (we) last

STATE

TNOMINUOS

22c. DATE SIGNED

COUNTY



Lee Funeral Home Inc.

Old Alexander Ferry Road, Clinton, Maryland

FOR

- STATE

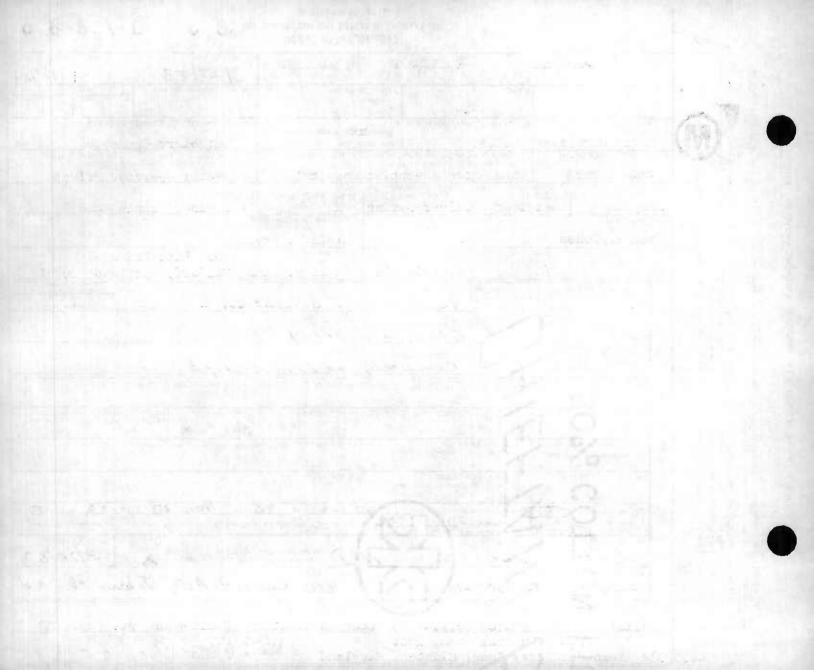
DHMH - 16 50M 4/82

(VRA 15, 4) 6633

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND

British - John m. Lespital

- "	FOR STATE REGIS	RAR		DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL I CATE OF DEATH	0	REG. NO.	7 8	88
9 11	1. DECEASED (TYPE OR PRINT)	NAME FIRST	rie	IDDLE	Do	14/2	% DATE OF DE	B/	29/83	26. HOUR 9: 30 A M
96 4 m		emale	4. RACE CAUCAS		5. DATE OF	BIRTH - 26 - 40		S YRS		HOURS MIN.
deoth. Po	WASHING	CE (STATE OR FOREIGN	76. CITIZEN OF W	۹.	WIDOWED		9. BALTIMORE MOA	OT GO	mery)	MD.
by the life of the last of the	Silve	Spring	(IF NOT IN SUCH	FACILITY, GIVE STAFET A	DORESSI DSS	HOS pita	12a. USUAL OC (TYPE OF WORK FO	CUPATION R MOST OF WORKING	TREAS	SURY DEPT
filled in hould be	USUAL RESID 130. STATE MARYLAN	D PRI.	UNTY	13c. CITY OR TOWN HYATTSVI	LLE	3d. INSIDE CITY LIMITS YES XX NO 🗆	5724 3	ORESS 9TH AVEN	U.S.(IUE 2078	GOVT.
ompletely ond 2 s		WILLIAM	MIDDLE W.	TRA:	IL	5. MOTHER'S MAIDEN ANNA		B.	LAS	FURTNE
be execu		EASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	220-44-		7. INFORMANT ELIZABETH	F. CANARD	SAME	AS 13	DAUGHTER
equires that the death cer n signed by the attending Then please remove carbo rto burial, cremotion, or re injury, or other troumatic e	gove couse under	ions, if ony, which rise to immediate (a), stating the ying cause lost.	(b) <u>a</u> DUE TO, OR (c)	AS A CONSEQUEING AS A CONSEQUEINAL MERIBUTING TO D	Tur	rofic a	andw K			-
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Washington, D.C.

(VRA 15, 4)

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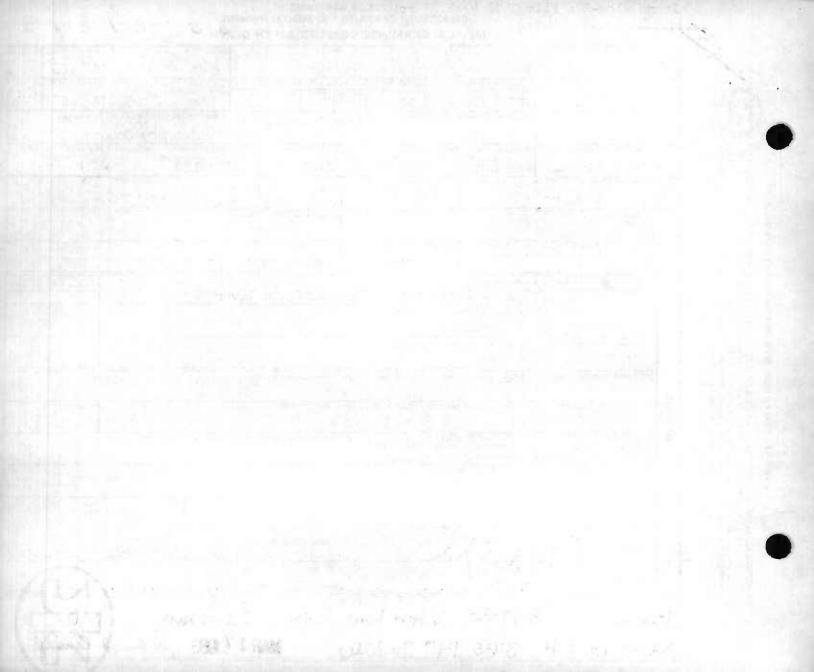
MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

(VRA 15, 4)

STATE OF MARYLAND

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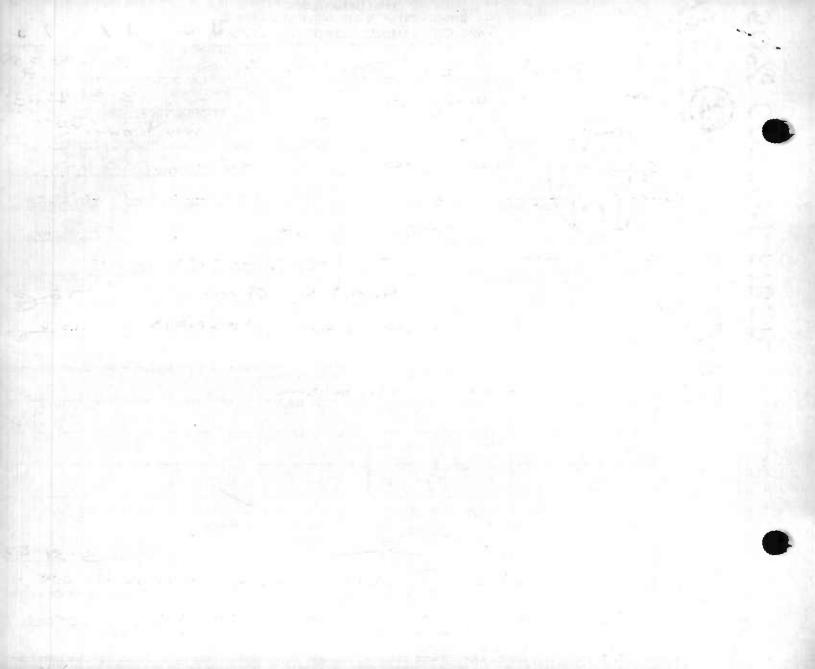


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ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
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21		sow the deceased alive or above, (I) (we) (did) (did no	a 3/19 of the body ofter death.	9 3 , one	d that in (my) our) opinion	death accurred on the	date and hour	and fram the co	uses stated
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3	23a	BURIAL, CREMATION, REMOVAL	23h DATE	231 NAME OF CE	METERY OR CREMATORY	23d LOCATION		COUNTY	STATE
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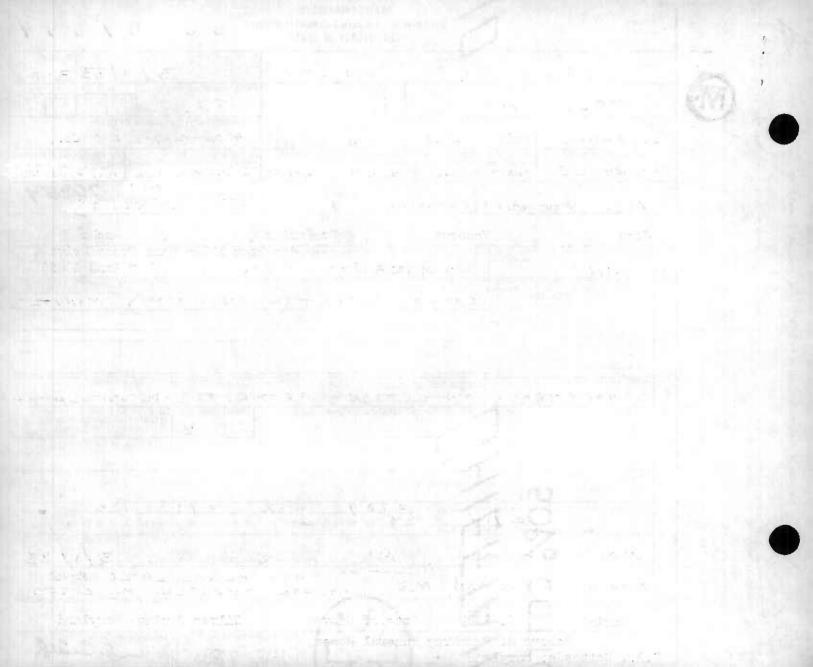
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR , DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) 853 DEATH MATED 19 3 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 41 - 20 -23 DEAD Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIEDXX NEVER MARRIED County IS NECE Pennsylvania United States DIVORCED ID. CITY OR TOWN OF DEATH 126. KIND OF JUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! OR INDUSTRY Bethesda Suburban Hospital Investigator HILD USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland 5725 Durbin Road Bethesda Montgomery zip 20816 VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME B. GIVE PAGES 1, WITH FORM PM IT. PAGES 1 AND 2 DIVISION OF VITA MIDDLE MIDDLE John Farrel1 Mary G. Haughney 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS {YES, NO, OR UNKNOWN} 192 12 0374 Marian T. Farrell wife see # 13 ves 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF REPED TO THE CHIEF MEDICAL LANGUE GE 3 SHOULD BE USED AS A BURIAL TRANSIT TE DEPARTMENT OF HEALTH AND MENTAL HYOOD PRIOR TO BURIAL, CREMATION, OR REMO YECUSSIS Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION alcoho DIMON 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO F 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 21f LOCATION 71d INJURY OCCURRED PAGE 4 SHOULD BE FURWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection deoth resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER 8218 WIS CONSIV EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE SPECIFY) Buria1 Apr 4, 1983 Gate of Heaven Cemetery Silver Spring BP Mary land 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATURE Robert A. Pumphrey Funeral Homes. **DHMH-17** (VR A15 ME (5)) Bethesda, Maryland 15M 2/80



21215

(VRA 15, 4)

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MARSHALL FUNERAL HOME Washington, DC

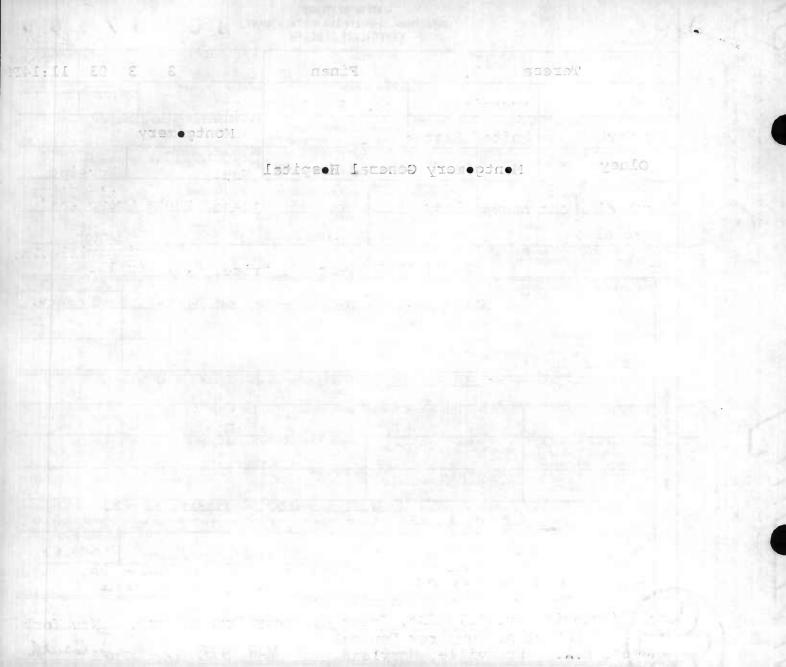
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10				EASED NAME	FIRST		MIDDLE	45	AST		20. DATE OF				2b. HOUR	
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	mo)		3. SE)			4. RACE		S. DATE O		YEAR	6. AGE (IN YE	ARS LAST BIRTHDA	AY) IF	UNDER I YEAR	IF UNDER 24 HE	RS IN.
	ge 4 ector		fe	male		Caucas	sian	Oct	1 9	1905	77		YRS.			
	nerol dir n 72 hou	9		THPLACE (STATE OR WYORK	FOREIGN		ed Stat	AAA DDIE	D NEVER	MARRIED	9. BALTIMOR MO:	ntgem		F DEATH		MD.
10	s offer de by the fur iled within	27		Olney		11. NAME OF	HOSPITAL, NU UCHFACILITY, GIVE SI GOMETY	RSING HOME (IREET AODRESS) Gener	OR OTHER INS	ritution spital	120. USUAL O (TYPE OF WORK	FOR MOST OF WO		INDUSTRY	of Business of Sing	OR
BALTIMORE, MARYLAND 2120	within 24 hour	3	Ma	residence (if nur ryland ther's name Nicholas	Mont	OTHER INSTITUTION TY SOMETY WIDDLE	Olney			S MAIDEN NAM	130 STREET A 18430 ME	DDRESS Broo	ke G	rove	ST	?
W	pour liber	20					Brown		Aln		1132	ADDRESS		Lync	h	_
ORE	nud pu		()	AS DECEASED EVER		MED FORCES? E WAR OR DATES)			17. INFORMA		100	ADDRE 3	arrı	sonv	ille,V	a.
TIM	be e		n	0			120 44	4733	Edwar	d P. P	rice,	P.O.	Box		IMATE INTERVAL ONSET AND DEAT	_
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	equires that the death certificat n signed by the ottending physis. Then please temave corbanpop tr bouriol, cremation, or remayor injury, or other traumatic event,		NOI	Conditions, if ony gove rise to im couse (o), stoti underlying causi	MAS CAUSE IMMEDIAT /, which imediate ing the e lost.	D BY: E CAUSE (o) DUE TO, ((b) DUE TO, ((c)	METASTOR AS A CONSE	OUENCE OF		D TO THE TERM		ORCONDITI		151	HONTHE	_
AL RECOI	he low re on. hos beer t permit. iene prior	1	CERTIFICATION	190. DATE OF OPERA	ATION	19b. CON	DITION FOR WE	TICH OPERATION	N WAS PERFO	DRMED	28a AUTO	PSY? 20	b. IF YES, ' N CERTIFY! YES	WERE FINDI	NGS USED S OF DEATH?	
OF VITA	SICIAN: The physician physician certificate miol-transit entol Hygis frem 18 should be particular than	9		218. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTERNAT	URE OF INJURY IN	ITEM 18. PAR	T I OR PART 2)		
IVISION	offending ter this of is the burn hand Merked or the		MEDICAL	21d. INJURY OCCUR	OHDE C	(AT HOME, S	E OF INJURY STREET, FACTORY, OF		211 LOCATI	ON		CITY OR TOWN		COUNTY	STATE	2
•	ATTENDIA spital or CTOR: Af for use a of Health			270. I certify that (I sow the decease above, (I) (we)) (this hospi sed olive on (did) (did)	MARC	the deceased from	om_FEB	nd that in (my			On the dote	ond hour	and from the		
	TAL OR y the ho (AL DIRE) detoched ote Dept ote Herr			27b. SIGNATURE	P. 3	2	->	- 1			MEDICAL DIRECTOR	STAFF PHYSICIAN	v 🗆		SIGNED	
	FO HOSPITY etained by TO FUNERA should be d with the Sto	1		EUGENE	Ρ.	FLANN	ERY, M		22e ADDRE	OLNE	E4 , 1	9 p.	ROE		•	
	55 -23	7.13		URIAL, CREMATION				23c NAME OF			23d. LOCA	TION		COUNTY	STATE	
	BP	1	BU:	Tal/Tra	nsit	mar.1	0,1983	St. Ja	mes C	emeter	y Tru	nanshi			w Yor	k
	DHMH - 16 50M 4/8	2	24 FU	INERAL DIRECTOR	Rober	t A.	Pumphr	ey Fun	era1		E REC'D. BY RE		REGISTR	AR'S SIGNA	TURE	
	(VRA 15, 4)	17	I	Homes, P	.A.	Rock	ville,	Maryl	and	I M	AR 91	983	jour	nor	ance	-



21	1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
12	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	901
(84)		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH I	DAY YEAR 26. HOUR
(M)	(IA	CARRO	OF ECTI -	13,83
ONE PE	3. SE	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR 1. ST. BIFUNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH MONT	13 19 83 030CM
A STATE OF		RTHPLACE (STATE OR PREIGN, COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	
SAN		MACYLAND	USA. WIDOWED DIVORCED DI Montago	MD. MD.
ELAY IS TO THE P TO THE P S 201 V	10. C	OCKULLE	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SHADY GROUE HOUEST IS + HOSP. THE WORK IT OF WORK IN SUCH ACTION (TYPE OF WORK IN SUCH FACILITY, GIVE STREET ADDRESS) FARME FARME THE STREET ADDRESS IN STREET ADDRESS IN STREET ADDRESS IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK IN SUCH FACILITY (TYPE OF WORK IN SUCH FACILITY OF WORK	OR INDUSTRY
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PE. N SES 1, SES		Clifford	FLORE LUIA OT	To
BALTIMORE, MD. JRS AFTER DEATH. JR. 3. GIVE PAGES 1, 2, WITH FORM PM. 3. T. PAGES 1 AND 2 9 DIVISION OFWITAL	16a. \	VAS DECEASED EVER IN U.S. ARM ES, NO, ORUNKNOWN) (# YES, GIVE W	(AR OR DATES)	
URS AFTER WITH FO T. PAGES DIVISION		yes 11947-	- 1955 213-24-7575 Mrs. +lohr. Pooleville	- Mai
: 5 % \$ - 0		 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED 	one cause per line far (o), (b), and (c).) BY: Cardiac arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON LIEA FER SGER VAL		4140 IMMEDIATI	CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	
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I W. PRE ED WITHI PENCIL AMINER L-TRANS AENTAL J, OR REA		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
20 NA PAR		lying couse last.	(c)	
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ATAL RESPONDED SHOULD SEE USED A LOSE LE USED A URIAL, C	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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EXAM CERTIF ULD BE DIREC WARYL		deoth resulted from: Noture	Il couses, Accident	
MALE CHANCE AND A MANAGE AND A		ACTUAL SIGNATURE	MEDICAL EXAMINER SIGNED	3-13-83
TO MEDICAL EXAMINER: T RECUTE HE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	-	EXAMINER'S NAME (TYPE OR PRINT)	ohn Tumber ADDRESS 82 CK WIS CONS	
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BP		Bureal)	3/18/1983 anthrees memorial. In leach the	L. you
DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 25 TEGISTRAR'S SI	GNATURE
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1331 Rockville Pike Rockville, Maryland 20852

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(VRA 15, 4)

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		1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	0790
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ed Kithin	N)	14. F	ATHER'S NAME Clarence	MIDOLE Bell	15. MOTHER'S MAIDEN NA	AME	Parker
oe execut			VAS DECEASED EVER IN U.S. AR YES, NOR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECTION OF DATES) 579-05-2		ADDRESS Follin-wife-	same as 13e)
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At OR ATTEND the hospital of At DIRECTOR: detached for use of Head	If Hem		Let B. Shire	SHERER 236 DATE 236	ATTENDING PHYSICIAN)	236. LOCATION CITY OF TOWN	Mealon md

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100	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 S	0790
noy be poge 3		CEASED NAME OR PRINT)	pu d	MIDDLE	Fort	20. DATE OF DEATH MONTH	15 83 43 1
oge 4 mo) irector. po	3. S.E.	emale	1. RACE Wh	ite 11	05 42	6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COU	
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d in by the be filed wi	S	LVER SOLI	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	spital	130 STREET ADDRESS	
vithin 24 illection 25 should thine mes	-	ARYLAND ATHER'S NAME FIRST	MONTGOMERY	13 BETHESÖÄ	13d. INSIDE CITY LIMITS? YES NO 1	130. STREET ADDRESS 5676 DURBIN A	ROAD LAST
Poges I and	160 N	VAS DECEASED EVER IN 15, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	ZIONS 166. SOCIAL SECURITY NO. 578-46-9497	MOLLIE 17. INFORMANT DR. BENJAMI	SOFESS DU N STEIN, BETHESI	IRBIN ROAD
rficote be physicion npopers. P movol. vent, the m		18. CAUSE OF DEATH PART I. DEATH WA	(Enter only one couse pe S CAUSED BY: AMEDIATE CAUSE (0)	r line for (a), (b), and (c).) Cardial	Arvest	BLUICS	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
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quires the signed Then plect to buriol niury, or	NOI		(c)			RMINAL DISEASE OR CONDITION	
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OING PHYSIC or ottending After this cere os the burio oith and Ment morked or Iter	MEDI	21d. INJURY OCCURRE WHILE NOWHIL AT WORK AT WORK	(AT HOME, ST	OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STA
ATTEND ospitol or ECTOR: A id for use if. of Heol			his hospital) attended to alive an d) (did not) view the body		ond that in (my) (our) apinio	on death accurred on the date and	hour and from the causes state 22c. DATE SIGNED
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TO HOSPITA retoined by TO FUNERA should be de with the Stol	730		YMOND BA	123, NAME OF	3929 Gerra	ra Or When	
BP		BURTAL DIMALIDOM S	3/17	1/1983 KING 1	AVID MEMORIAL	GARDEN FALLS	CHÜRCH, VIRGI
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. 1	232 CARROLL	STREET, N.	w., WASHINGT		MAR 2 1 1983	and Coming

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2		1	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYC CICATE OF DEATH	PIENE B 3	Q	7 9	0 6
	be oth	(TYP	CEASED NAME LOUISE		MIDDLE	Fr	asfranzen an zen	20. DATE OF DEATH MARCH	MONTH DA	83	26 HOUR PM
	(順)	3. SE	× FEMALE	4. RACE WHIT	Œ	5. DATE (T.17,1898 TEAR	6. AGE (IN YEARS LAST		UNDER TYEAR	HOURS MIN.
•	death. France.		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY Mon		OF DEATH	MD
201	by the fulled with		Olney	Brooke	GYOU L	Newys:	n \ lom &	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Manager		INDUSTRY.	ry Club
AND 213	filled in nould be	130.	AL RESIDENCE (IF NURSING HOME OF STATE Md. 20833 Mon	ROTHER INSTITUTION, NTY T.	Brookevi	RE ADMISSION)	13d INSIDE CITY LIMITS? YES NOX	13e, STREET ADDRESS	S Dubarry	Lane	20833
BALTIMORE, MARYLAND 2120	campletely 1 and 2 shr	14. F.	Andrew -	MIDDLE Ped	lersen		15. MOTHER'S MAIDEN NA Laura	MEMIDD'S	THOMS	ON LAS	
IMORE,	on and co	16a	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	350-26-		Mrs. Carla H		ame as 7	# 13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	uires that the death certificate signed by the attending physici ten please remove carbon adoutly, are adoutal, cremation, ar removal.	Z	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	R AS'A CONSEQU	JENCE OF	NOT RELATED TO THE TERM			3// N IN PART 10	2
AL RECORI	ian. has been it permit. It iene priar to have any in	CERTIFICATION	190 DATE OF OPERATION	19R CONDI	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH?
N OF VIT	rSICIAN: The ing physicial certificate burial-transit Aental Hygie tem 18 sha	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.,	M. MONTH F	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM IB PAR	T I OR PART 2)	
DIVISIO	DING PHY or attendi After this e as the bu alth and M marked ar	MED	21d INJURY OCCURRED WHILE AT WORK AT WORK		REET, FACTORY, OFFICE,	FARM FIG	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	R ATTENI haspital RECTOR: hed for us apt of He		22a Lecrtify that (1) (this hosp sow the deceased alive or above, (1) (the ridday (did no 22b. SYGNATURE	2/10	19_		nd that in (my) (our) opinian	death accurred on the	date and haur s	and Iram the	
	o HOSPITAL O etained by the TO FUNERAL DI MANUIL DE detact with the State De MANUIL THE STATE DE MAN		22d PHYSICIAN'S NAME (TYPE		, 0 1	^	ATTENDING PHYSICIAN 226 ADDRESS	MEDICAL ST DIRECTOR PHYS	PLO.	13/14	Zug Zug
	TO FUNI should b with the	23a	BURIAL, CREMATION, REMOVAI (SPECIF CREMATION	23b. DATE MARCH	230	NAME OF C	EMETERY OR CREMATORY Crematory	23d. LOCATION Washing	ton, D.	COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP_

Francis H. Barber Laytonsville, Md. 20879

the parties should be Justice to ---- MARY 8 1883 Jec. 2 Crish

BALTIMORE, MARYLAND 2120 PRESTON ST., 3 DIVISION OF VITAL RECORDS, FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTII	FICATE OF DEATH	REG. NO.	9 /	0,
	I. DECEASED NAME	FIRST	WIDDLE	1000	LAST	20. DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR
	(TYPE OR PRINT)	ANITA K	ATHLEEN	FI	RAZIER	March 21, 198	83	7:00A M
	3. SEX	4 RACE		5. DATE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Whit	e	Marc	h 11, 1926	57	YRS.	HOURS MIN.
	Kentucky	OREIGN 76. CITIZEN O	F WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED	Montgomery		MD
6	10. CITY OR TOWN OF DEA Bethesda	TH 11. NAME OF (IF NOT IN S	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET Clinical (address) enter	OR OTHER INSTITUTION	12m. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Social Service	KING LIFE) INDUSTRY	OF BUSINESS OR
5	USUAL RESIDENCE (IF NURSI 136. STATE Kentucky	ING HOME OR OTHER INSTITUTION OF THE PROPERTY	N. GIVE RESIDENCE BEFORE 13c. CITY OR TOW Whitesbur	N	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS P O Box 282	41858	117
1	14 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	LAS	
1	Tom	Model	Day		Canny	MIDDLE	Pol1	
P	160 WAS DECEASED EVER	IN U.S. ARMED FORCES		RITY NO.	17. INFORMANT	ADDRESS	7022	7
2	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	404-26-3	697	Fom Day-Rt.#8	, Harrodsburg,	_Kentucky	40330
		H (Enter only one couse p						IMATE INTERVAL ONSET AND DEATH
		IMMEDIATE CAUSE (0)_	OVARIAN	CARCI	NOMA WITH LIV	ER METASTASES		
	Conditions, if ony,	which ((b)	OR AS A CONSEQUE AND INTRA		MINAL METASTA	SES	3 M	ONTHS
	gove rise to imm couse (a), statin underlying couse	g the DUETO	or as a conseque	NCE OF				
		NIFICANT CONDITIONS	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	inal disease or conditio	N GIVEN IN PART 1	a ·
1	190. DATE OF OPERAT	ION 196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDI CERTIFYING CAUSES YES []	

216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR P.M.

19 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

211. LOCATION

Cemetery

CITY OR TOWN

COUNTY

224. DAJE SIGNED

19 83

20205

STATE

and that in (aur) apinion death accurred on the date and hour and from the causes stated SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

710. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

Clinical Ctr, Bethesda, MD 231. NAME OF CEMETERY OR CREMATORY

February

23d LOCATION CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

24. FUNERAL DIRECTOR DHMH - 16 50M 4/82

(VRA 15, 4)

CER

MEDICAL

18

arked or ite

MPORTANT

ith the

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

220.1 certify that A (this hospital) attended the deceased from

1983 Frazier

H. Falls Church, Virginia 22046

MAR 2 8 1983 Page Strangs Gegistran's Signal

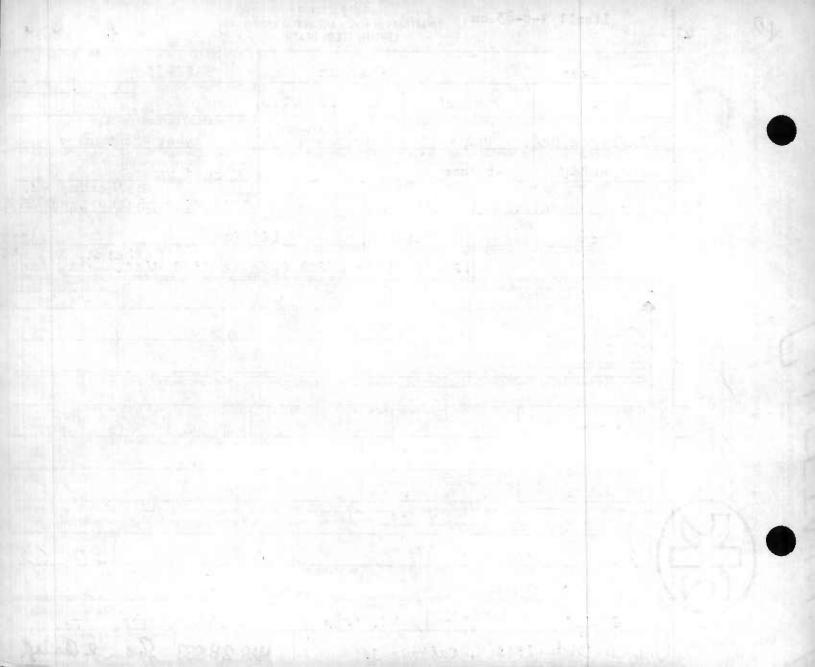
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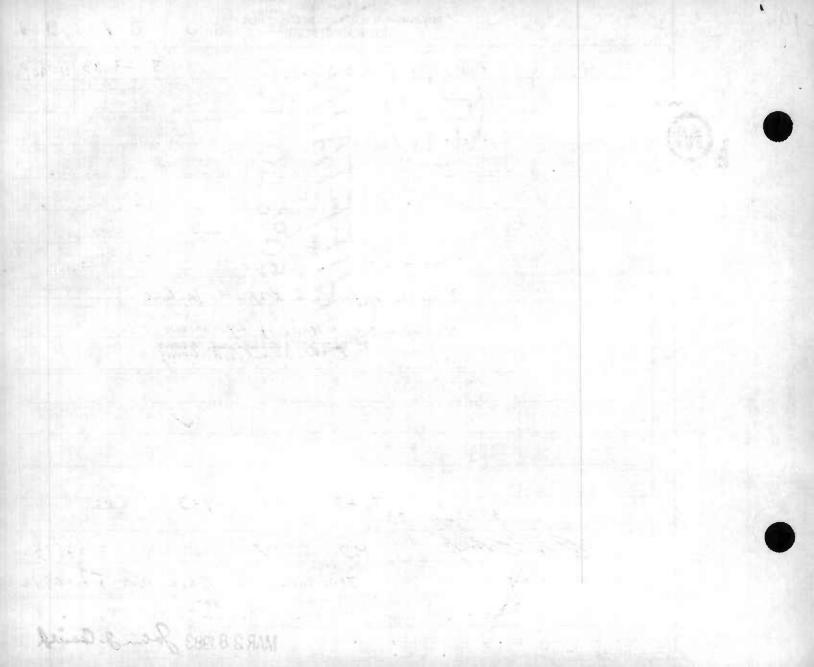
22e ADDRESS National Institutes of Health.

Kentucky

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10	V	1	FOR Item11 4-	-8-83 cn DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 0	07908	
-		1. D	REGISTRAR ECE ASED NAME FIRST	WIDDLE	LAST	REG. NO.	NTH DAY YEAR 25 HOUR	
e o	e 9		Leon		Freeman	3-24-8		
may	S Junt	3. 5	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA		
- 0 4	BEACH.		Male	Black	7 17 1917	65	MONTHS DAYS HOURS MIN.	
P. Po		7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH	
deot	Man 7	W	ilminaton. Del	. USA	WIDOWED DIVORCED	County Montgomery		
rs offer	10		Montgomery	(IF NOT IN SUCH FACILITY, GIVE STREE		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Chauffeut	DRKING LIFE) INDUSTRY	
24 hou	oddbe o	USU 13a.	STATE, 136. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 136. CITY OR TOVE TAOMERU Beth	WN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 6800 Winte	Bethesda, Md. erberry Lane 2081	
within	and 2 sh	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST	
	5 0		Homer	Fr	reman Li	llian	208	
executed	ician and co		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)		ADDRESS;	Bethesda, Md. 21	
p e	physician and opposers. Pages navol.			185-10		ette 6800 l	vancenberry Land	
certificate	physician an popers. F emovol.			ally one couse per lipe for (a), (b), o	Norv Failure		BETWEEN ONSET AND DEATH 5 MINUITS	
certi	e e e		11-36 IMMEDIA	TE CAUSE (a) K PS DIN			3 MINO (3	
deoth	move carb nation, ar troumotic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE (16) METAS		Cinoma	9 mm ths	
of the o	ed by the o slease remo riol, cremat or ather tro		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU				
quires #	Then plea to buriol	NO	PART 2 OTHER SIGNIFICANT	(c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 110	
3	mit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20	No. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?	
The k	ws are	I E	Nove			YES NO	YES NO	
PHYSICIAN: 1	Iffice In 18		21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2)	
G PHYS	he b	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
NO	R: After use as 1 teolth a is mark		220.1 certify that (I) (this hosp	tral) attended the deceased from	3/7 , 1983	, to	124, 19 63, that (1) (we) last	
ATTEN	for of H		sow the deceased alive or above, (I) (we) (did) (did no	ot) view the body ofter fleoth.	and that in (my) (set) apinion	deoth accurred on the date	and hour and from the causes stated	
AL OR A	(AL DIRECTOR: detached for us ote Dept. of He UT: If Item 21 is		IGNATURE S. h	na colonale	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/24/83	
O HOSPIT etoined by	FUNER Ind be the St	7	JOHN SI	macdonald	220. ADDRESS-C101	Westorn D	100 NW.	
op 10	5 4 4 4 A	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE	
BP.		9	(SPECIFY) Burial	3-29-83	Mt. Lawn	Sharon	Hill. Pa.	
	16 50M 4/82 A 15, 4)	34	UNERAL DIRECTOR NAME N	1348 N. Calho	250. DAT	E REC'D, BY REGISTRAR 256.	REGISTRAR'S SIGNATURE	
		1	1-01-0					





FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ι'	REGISTRAR		CER	TIFICATE OF DEATH	REG. N	10.		
	ECEASED NAME FIRST	• MID	DIE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. H	OUR
	Kather	ine (s. Fr	185	C	3-10-	83 2	P
3. SE	Female.	4. RACE W/S		TE OF BIRTH DAY PEAR PAY	6. AGE (IN YEARS LAST BE	YRS.		RS MIN
7a. B	BIRTHPLACE (STATE OR FOREIGN	U.S.A.	MAF	RIED NEVER MARRIED	- Maria A		DEATH	٨
15	ilver Spring/	HOLU.	SPITAL, NURSING HOA ACRITY, GIVE STREET ADDRESS!	HOSPITAL	12a. USUAL OCCUPAT {TYPE OF WORK FOR MOST Housewife	ION 1	26. KIND OF BUS NOUSTRY At Home	SINESS O
13a.	JAL RESIDENCE (# NURSING TOME OR I STATE - 121 COUN	TY 13	E RESIDENCE BEFORE ADMISSI	136. INSIDE CITY LIMITS	2811 Penn		992002 Ave.,	Š. E.
14. F	William	AIDDLE	Robert	Sara.	NAME	K	avanäugi	h
7 160.	(YES OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	6. SOCIAL SECURITY NO 213-01-6170	Robert J.	MacDonald 12	Reming Ridgefie	ton Rd.	n.
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR A	SEUMON/ SACONSEQUENCE O SACONSEQUENCE O ABETI	DEHYDRA			g wee	
CERTIFICATION	PART 2. OTHER SIGNIFICANT C			BUT NOT RELATED TO THE T	ERMINAL DISEASE OR COM	20b. IF YES, WE	ERE FINDINGS U	
	276. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA'	HOUR A.M.	MONTH DAY YE	AR	-YES NO Z	YES		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF		211. LOCATION	CITY OR T	DWN	COUNTY	STATE
	22a.1 certify that (I) (this hospit saw the deceased alive an above, (I) (me) (did) (did not	3/10	19.03	ond that in (my) (authorities) DEGREE	ion death occurred on the	Jote and hour and	d from the couse	I) (me) to is stated
	77d PHYSICIAN'S NAME (TYPE O	Vy.	of m	ATTENDING PHYSICIAN	MEDICAL STA		3/11/	83

WALTER E- GOOZH KID 23b. DATE

23t. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

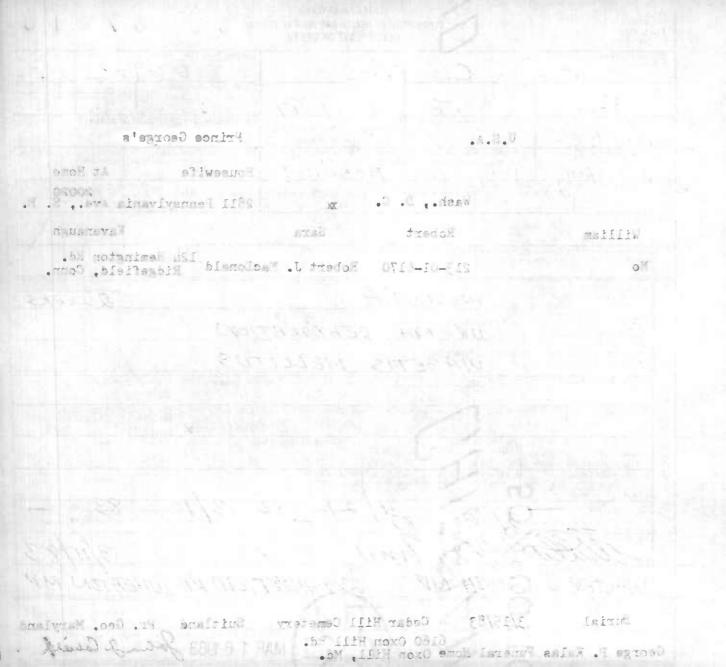
230 BURIAL, CREMATION, REMOVAL 3/15/83

Cedar Hill Cemetery 250. DATE F

REC'D. BY REGISTRAR'S TO REGISTRAR'S 1 6 1983

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill Rd.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

Property of the second . Trol Company to the total . . Jone Some Sent and the sent of the sen water tiles . The Secreta in committees, S.J. 1842 atwents Live. 41. on Mar. 14. 20 110 to within a start of the most of the section of STOR LOG. No. 7. . HEER, D. . ONL MARCINESS J. C. J. Course.

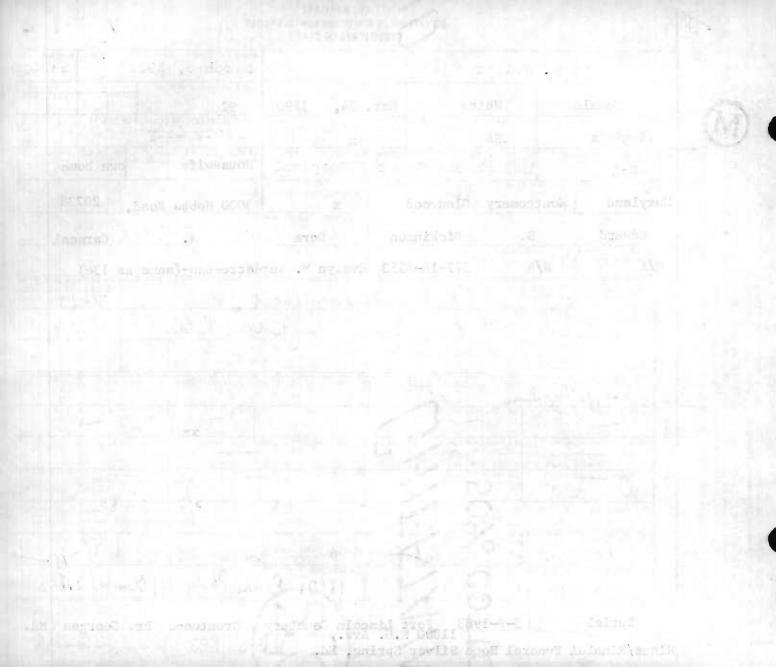
Hines/Rinaldi Funeral Home Silver Spring, Md.

STATE

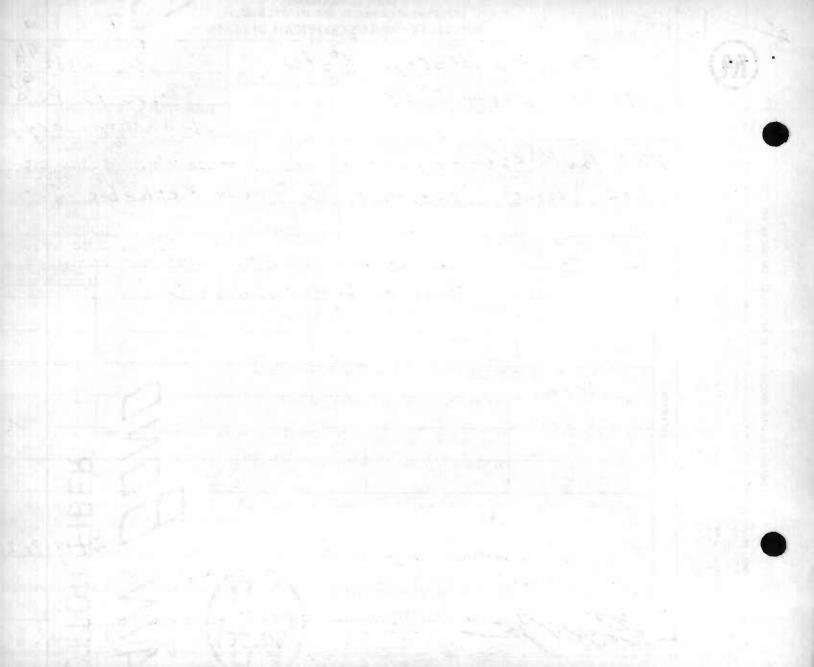
DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



.,	1 11		FOR		DEPARTMENT OF		AND MENTAL HY	GIENE	ودبي ودو		1 00
, OI			STATE REGISTRAR	ME	DICAL EXAMIN	NER'S C	ERTIFICATE OF	DEATH 4	REG. NO.	7	1 3
	RY. Dis Dis Sous Strate		EASED NAME FIRST Ches 4 RACE	126 XX	8 YEAR LAST BIRTHE		DER 1 YR. IF UNDER 2	OF ES DEATH MA 4 HRS. 2c. DATE PRONOUNCED DEAD	NEVCH	ch/3	YEAR 25 HOUR AND 25 15 15 15 15 15 15 15 15 15 15 15 15 15
	S NECESSARY E FUNERAL DII E 5 FOR YOU E), WITHIN 72	FC	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRI WIDOW	ED NEVER MARRIEI		CITY OR COUN	TY OF DEA	ATH .e. IV
	Y IS NI THE FU AGE 5 201 W	ID CI	ZK PSVK	S 2 1	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS)	bec	ER INSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING		Stul.	OF BUSINESS NDUSTRY
. 21201	AND 3 RETAIL	13a. S	Md Mo	TY _	131. CITY OR TOWN	vk.	YES NO D	STREET ADDRESS	NH.e.	ec.	Ave.
E, AD	F->0365	14. F/	THER'S NAME	MIDDLE	LAST	4	15. MOTHER'S MAIDEN	NAME		LAS	
BALTIMORE	URS AFTER DEA 8. GIVE PAGES WITH FORM F IT. PAGES I AN DIVISION OF		Frank /AS DECEASED EVER IN U.S. AR/		Gates	TY NO.	Irene 17. INFORMANT	Â	24 ^{ss} Ken	Hosme	
ALTIV	S AFTE GIVE F ITH FO PAGE VISION	(Y	Yes WW I	WAR OR DATES)	011-01-2	226	Dorothy (akoma		
51.	A 18. A 18. A MIT.		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	BY: E CAUSE (0)	Acute	M	your	dielb	125	APPR(BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
W. PRESTON	HIN FR AL NSIT EMO		Canditions, if any, which gave rise to immediate couse (o) stoting the under-	(b)	R AS A CONSEQUENCE						
201	EXA SIAL ON,		lying cause last.	(c)			Askal bir				
RECORDS	ID BE EXE PENDING MEDICAL D AS A BL HEALTH AL CREMA?	NO.	PART 2 DTHER SIGNIFICANT CONDITIONS	9				1 (0)			
TALR	SHOULD ORD "PE CHIEF A SE USED A SURIAL, C	CERTIFICATION	190. DATE OF OPERATION	- 2	ITION FOR WHICH OPE	ration w	AS PERFORMED?		3.1		TOPSY?
ON OF VITAL	AMEN AMEN AMEN AMEN AMEN AMEN AMEN AMEN		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY YEA	R 21c HC	DW INJURY OCCURRED	LENTER NATURE OF INJURY H	N ITEM 18 PART 1 OR F		, B NO
DIVISION		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION TREET	CITY OR TOWN	c	OUNTY	STATE
	MINER: FICATE SE FOR: CTOR: H THE S		220. I certify that I taak charg death resulted from: Natu	e of the remains de		Autop:	, Homicide .	Undetermined monne	ond in my o	pinion	
•	TO MEDICAL EXAMENTE CERTON EXPORTE THE CERTON EXPOUND TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARY		ACTUAL SIGNATURE	e D	000	-cem	17 CP -	MEDICAL EXAMINE	R DATE	ED-61	131983
	TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTIMG		EXAMINED TRAME JO	hn S. R	ogers, DM	E	ADDRESS_ Sil	ver Sprin	ıg, Md.		
		3	PECPE	3/17/83	36 NAME OF CE			23d. LOCATION CITY OR TOWN		UNTY	STATE
	BP	24 F	remation	200	Metropo P.O.		n Cremato 742850 DATE RE	E BY REGISTRAN	की से अंडोस्ट्रेस क	SIGNATUR	Va.
	(VR A15 ME (5))	1	Warner E. Pun	phrey,	Inc. Sil.	Spr	., Ma MAR	1 6 1983	john	h lah	my



13		- 1		.00					E OF MARYLAND		6 12	0	-y ()	1 4
	- Alie		1 -	FOR STATE REGISTRAR			DEPA		FICATE OF DEATH		REG. N	0.	1 7	1 -1
	(M =			CEASED NAME OR PRINT)	Mild	irea	S.	(-	Geiges		DATE OF DEATH	MONTH 14	DAY YEAR	26 HOUR.
	4 mg for, o		3. SE)	Female	lore	4. RACE White	٥,		of BIRTH	6. /	AGE (IN YEARS LAST BIT		IF UNDER I YEAR	IF UNDER 24 HRS
	th. Page of direc 2 hours	75		RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF		RY2 8.	D NEVER MARRIE	_ Q F	BALTIMORE CITY C			1
	fter dear the funer within 7	70		TY OR TOWN OF DEA		11, NAME OF I	HOSPITAL, NU	REET ADDRESS)	OR OTHER INSTITUTIO)N 120	MONT G USUAL OCCUPAT YPE OF WORK FOR MOST	ION OF WORKING LIF	126. KIND C	MD. DEBUSINESS OR State of
11201	hours o	10	USUA	L RESIDENCE (# NURS	NG HOME OF	OTHER INSTITUTION	GIVE RESIDENCE B	FORE ADMISSION		V	Velfare De	ept.	Penr	na.
AND	in 24 h	35		* 20902	Mont	gomery	Silv. ord	pring	13d. INSIDE CITY LIM YES NO [15. MOTHER'S MAID		0000 Bruns	swick	Ave.	20902
MARY	章 42	50	14. FA	J. FIRST	Но	race		wles	Mary	ENNAME	WIDDLE		Stev	
BALTIMORE,	n and ca	1	Ye	AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES?	185-32	2-1697	Mrs. Mary	Cottn	nan 4808 Bethe	James esda,	town Ro	316
RECORDS, 201 W. PRESTON S'	e low requires that the death cern. no. nos been signed by the attending permit. Then please remove carbo me prior to buriol, cremotion, or rew con mitury or other tramation, or re-	7	CERTIFICATION	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which nediate g the last.	DUE TO, O	CTIVE	QUENCE OF	T NOT RELATED TO TH	7	Di Je A 20a AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED S OF DEATH?
DIVISION OF VITAL	CIAN: The physicion pertificate biol-transit antol Hygie	0	- 1	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY C		YES NO NO (ENTER NATURE OF INJU		S CART 1 OR PART 2)	NO 🗆
IVISION	offending of the business of t		MEDICAL	21d. INJURY OCCURR		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
	HOSPITAL OR ATTENDING ned by the hospital or or or the property of the decoded for use os the Stote Dept, of Health or or and the stote Dept. or and the stote Dept. or and the stote Dept.			220. I certify that (I) saw the decrease above, (II (work) 22b. SIGNATURE 22d. PRYSICIAN'S NA	d alive on lid) (did no	it) view the body	<u> </u>	8	nd that in (my) (aur) a DEGREE ATTEND PHYSIC 220. ADDRESS	ING A	, to th accurred on the d	FF _	r and from the	
	TO HOSPITAL retained by the TO FUNERAL should be det with the State		22.	RICHAR	H	101		MS SIAMS CO	loves Cor			e, k	E15114	DW Pa
	BP		Cr	urial, Cremation,		3/16/			Hill Crema	tory	23d. LOCATION CITY SULT	0	_	CIMINE.
	DHMH - 16 50M 4/6 (VRA 15, 4)	82	51 FL	JNERAL DIRECTOR G 30 Wisc. A	awler ve•	r's Sons NW Wa	. Inc.	on, DC	20016	""MAR	2 1 1983	REGIST	RARYSHOCA	week

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CARTWER SANDISON F. H. Gaithersburg . Md. 20877

(VRA 15, 4)

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	1 - STATE		DE	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE,	1 19	qui	Ph 1	2
	REGISTRAR		MED	ICAL EXAMIN	IER'S C	ERTIFICATE C	FDEATH	REG. NO.	1	7 1	0
T	. DECEASED NA	ME FIRST		MIDDLE		LAST	2a. DATE	KNOWN F	MONTH DAY	Y YEAR 2	b. HOUR
S. S. S.	(TIPE OR PRINT)	Don	C		Gil	oson	OF DEATH	ESTI-	3 19	1983	5 25
R FILES. HOURS STREET,	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DAT	TE /	MONTH DA		2d. HOUR
0N S	Male	Caucasia	n 8 22	27 SS Y			MIN. PRONOL	INCED	2 14	95	125
7	a BIRTHPLACE	(STATE OR	76. CITIZEN OF WHA		12		9 BAITI	MORE CITY OR	COUNTY OF	IPU.	PM
72	FOREIGN COUNTR	1)				ED NEVER MARRI	ED 🔲				
	Ohio D. CITY OR TOW	N OF DEATH	USA	TAL, NURSING HOM	WIDOW		ED Mont	0			MD
9	Gaither	sburg	301 Wests	ide Drive	Apt.		Account		US	BE IMPRISING	t
200	SUAL RESIDENCE	E (IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS		13d. INSIDE CITY LIMITS?	112 STREET ADD	neer .	2	0878	
9	Maryland	Montg		Gaithersbu	ırg	YESX NO		tside D	rive .	Apt. 10	02
(2)	4. FATHER'S NA		WIDDLE	LAST	75.7	15. MOTHER'S MAIDE	N NAME	MIDDLE		LAST	
9	Frank			Gibson		Ida	nmn		hroats		
1	Yes, NO, OR UNK		war or dates) - Korean	216-22-02		17. INFORMANT Don C. Gib	son Jr.	Burke	02 Gen Va. 22	nini Co 2015	ourt
F	18. CAUSE	OF DEATH (Enter onl	y one couse per line fo			,				APPROXIMATE IN	TERVAL
	PARTII	DEATH WAS CAUSED	1/1	11/1 CA0	011	1- 1NI	CARCT.	1001)	BE	TWEEN ONSET A	ND DEATH
	4	DO	DUE TO, OR AS	S A CONSEQUENCE	OF		75 (50)			11501	(6)
		ons, if ony, which	1	11 V > -= -	-15-A1	SIVE C	100	1000 111	100	7.1	
		rise to immediate o) stating the under-	(b) OR AS	S A CONSEQUENCE		500	HKDIO!	17361411	The	341	
		ouse last.	DOL TO, OK AS	S A CONSEGUENCE	JF.				7.00	/	
	DARY 2 OYUER	CICHICICIUM CONOTIONS	(c)								
		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN PAI	RT 1 (o)				
4	190. DATE C	F-0050471011	MBET	ES /	ME	LLITUS					
2	S ING. DATE C	F OPERATION	196. CONDITIC	N FOR WHICH OPER	ATION WA	AS PERFORMED?			20.	AUTOPSY?	
									18	YES 🗆	NOK
		IAL CAUSE WAS	21b. TIME OF IN HOUR A.M. A		21c. HO	W INJURY OCCURRE	D LENTER NATURE OF	NJURY IN ITEM 18 PAR	T 1 OR PART 2)	-	1.8
	CONTRIBU	ING CAUSE OF		3 14 19 1		OND DIN	1 FL00	V.			
	LU .	OCCURRED	21e PLACE OF STREET, FAGTOR	INJURY (ATHOME,	21f. LOC			3 20			
	WHILE AT WORK	NOT WHILE C	V	OME	30	WESTSIDE	D. GA7	THER BUI	RY		STATE
	22a. I ce	tify that I took charg	e of the remains descri	bed obove, held on	Autops	y , Inspection	Inquir	ond in	n my opinion		
	death resu	Ited fram: Natur	alsouses W. A	content . Su	icide	Homicide .	Undetermined n				
		-	///	11.	0	TITLE (SPECIFY)	,			March	
	ACTUAL SIGNATUR	Steel	ace Cli	ypull	2 M	Dest	MEDICAL EXA	MINIED	DATE 2	0, 1983	3
				/ /	,,,,,	200			SIGNED		
4			is C. May1			DDRESS	isconsin	Avenue,	Bethe	sda, M	D
2	r ematic	ATION, REMOVAL 2	3b. DATE -22 -83	23c. NAME OF CEA	AETERY OR	rematory	23d. LOCATION	d, Princ	C COUPTE	O. NAM	٩.
			~22 =03	Cedar D	111 ()						4.
2	4. FUNERAL DIRI	namhere	Co, 865556G	eorgia Av	e, Sil	Spg 250. DATE R	REC'D. BY REGISTR	AR REGISTI	RAR'S SIGNA	TURE	
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FOR

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😡

	REGISTRAR		CERTIF	CATE OF DEATH	REC	. NO.		
	CEASED NAME FIRST	WIDDLE	L/	AST	20 DATE OF DEAT		DAY YEAR	26 HOUR .
(,,,,,	Re	sina	Gil	oson	March 3	30. 198	83	6:15
3. SE	X	4. RACE	5 DATE O	DAY VEAR	6 AGE (IN YEARS LAS	I BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White	9-2	8-1911		71 YRS		
C	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8	I NEVER MARRIED	9 BALTIMORE CIT	_		
	ash., D.C.	U.S.A.	WIDOWE		18 1151111 00011	Mon		ME
S	ilver Spring	17213 -	ITAL, NURSING HOME O LITY, GIVE STREET ADDRESS) - Pine Bro		(TYPE OF WORK FOR MC House	OST OF WORKING LI		OF BUSINESS OR
13a :		NTY 13c. C	esidence before admission) CITY OR TOWN Sil. Sp.	YES NO	13e STREET ADDRE		Brook	904 Dr.
14 F/	ATHER'S NAME FIRST Vincent	MIDDLE	alano	15. MOTHER'S MAIDEN NAM	MIDDI		Scalco	ST
	WAS DECEASED EVER IN U.S. AF	E WAR OR DATES)	SOCIAL SECURITY NO.	17. INFORMANT	1	5792-B	rarywi	ne Rd.
	No	- 57	7-22-0954	Anthony C:		umfrie	s. Va.	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost PART 2. OTHER SIGNIFICANT	(c)CONDITIONS <u>CONTRI</u>	A CONSEQUENCE OF BUTING TO DEATH BUT		INAL DISEASE OR C	20b. IF YE	VEN IN PART 16	NGS USED
CERTIF	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	URY MONTH DAY YEAR	21¢ HOW INJURY OCCURR	YES NO] YE	ES 🗍	NO 🗀
CAL	OR CONTRIBUTING CAUSE OF DE.		19			7.00		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OF	RTOWN	COUNTY	STATE
	220.1 certify that (1) (this hosp	9/25	190 3 (00	d that in (my) (aur) apinion of	, to death accurred on th	3/25		that (I) (we) last
	obove, (II (well idid) (did no 27% SIGNATURE	on view the body offer		DEGREE ATTENDING PHYSICIAN	MEDICAL STREET	STAFF YSICIAN [27c. DATE	
	1224 PHYSHOTAN'S NAME ITHES	Elud		22e. ADDRESS	ton st lby	,	12 MD	20782
(BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 4-2-83		metery or crematory	23d LOCATION CITY OR TOWN Brenty	rood	Pr.Geo	state Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

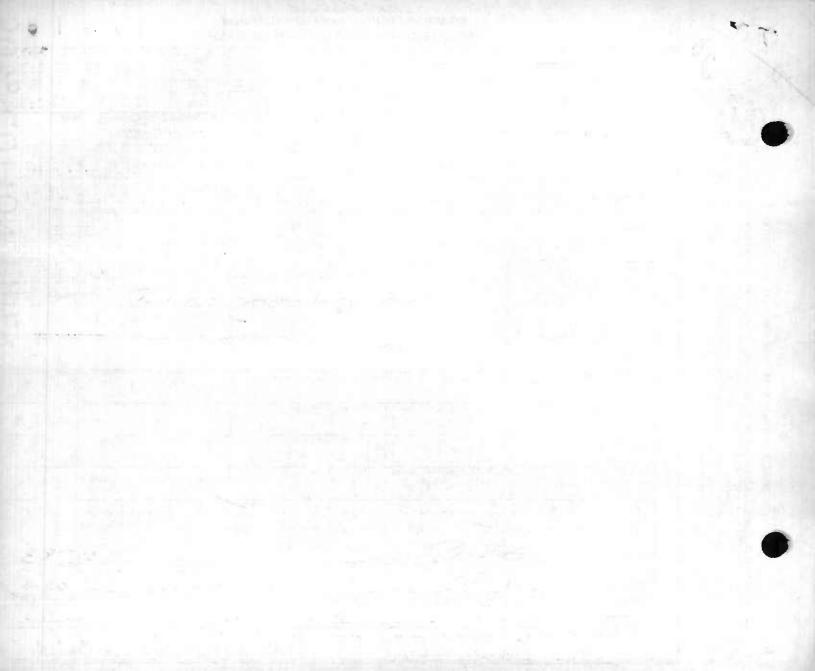
IMPORTANT: If Item 21 is marked or Item 18 shows any

74. FUNERAL DIRECTOR
Nalley's F.H.Inc. Mt. Rainier, Md. Brentwood

APR 5

The second of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME KNOWN K (TYPE OR PRINT) OF ESTI-GLASS. ALBERT. JULIUS :30p MAR ..83 DEATH MATED 3 SEX 4. RACE 6. AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 24 MONTH 74 VRS PRONOUNCED 16 1908 1083 MARCH 17 JUNE 3:30m MALE CAUC DEAD 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY MARYLAND MONIGOMERY UNITED STATES DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 201 OR INDUSTRY
U.S. ARMY RETIRED PHYSCIAN NAVAL HOSPITAL BETHESDA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 7420 MARYLAND MONTGOMERY BETHESDA YES X PAGES 1 AND 2 SI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE JENNTE. MILLER SIMON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO AUT 420 WESTLAKE TERRACE (YES, NO. OR UNKNOWN) 1942-1963 215-16-1812 YES LORETTA MARIE GLASS BETHESDA, MD 20817 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A E CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WOLLD PAGE A SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES 🗍 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN AT WORK COUNTY STATE NOT WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autapsy Inspection Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATEMARCH 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY (SPECIFY) STATE Arlington National BURIAL Arlington BP 4 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** 8 (VR A15 ME (5) Bethesda, Maryland 15M 2/80

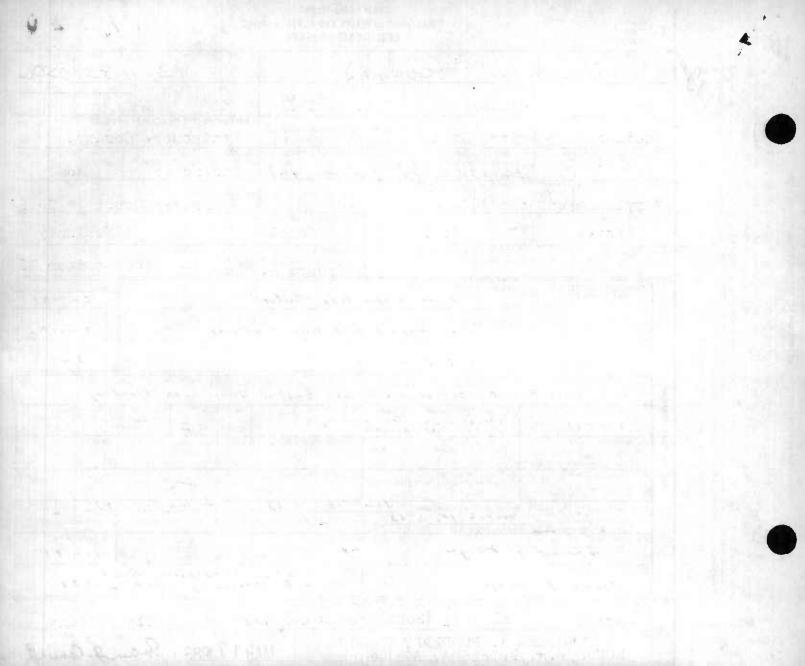


(VRA 15, 4)

Line ending

HOMES, P.A., BETHESDA, MARYLAND

(VRA 15, 4)



injury, or other troumatic event, th

neuta be defected for use as the buriof-transit permit. Then please remove corbon page.

m 21 is morked or them 18 shows ony

O FUNERAL DIRECTOR: After this certificate hos been signed by the

STATE OF MARYLAND

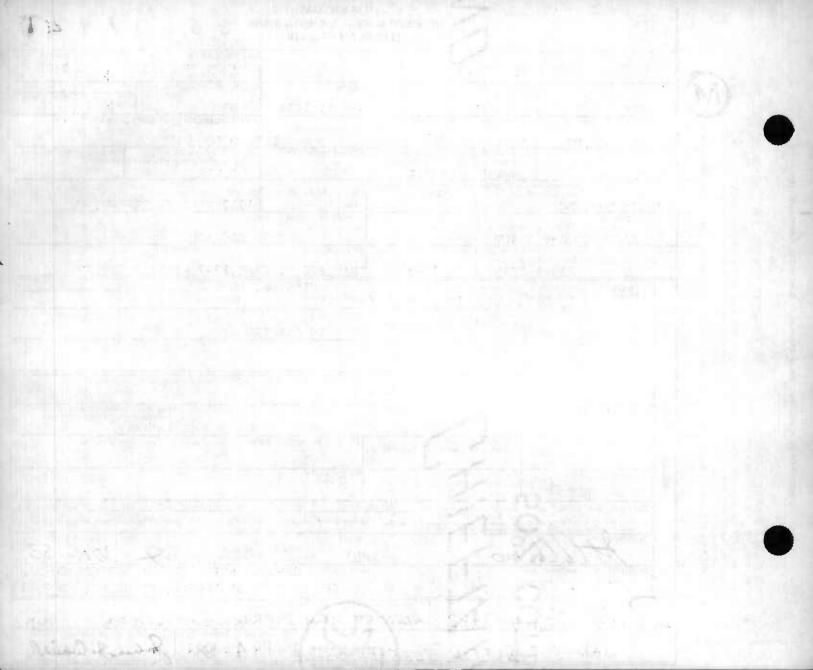
	1-	STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. NO	0.	4
		CEASED NAME FIRST JOSEPH	H ERNEST	GRADY		LAST	MARCH 29	MONTH DAY YEAR 1983	2:08 P
1	3. SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEA	
		MALE	BLAC			BER 17 1918	65	YRS.	S HOURS MIN.
7	C	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?		D X NEVER MARRIED		R COUNTY OF DEATH	
	WAS	SHINGTON, DC		STATES	WIDOWI	DIVORCED DIVORCED	MONTGOMER		MD. OF BUSINESS OR
1		ETHESDA	(IF NOT IN SUC	HOSPITAL	ADDRESS	SK OTNEK INSTITUTION	RETIRED		
6		L RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS		44444
		SHINGTON, DC		I SECTION TO T		YES NO	1747 WILLA	RD STREET.	NW
1		THER'S NAME		LAST		15. MOTHER'S MAIDEN NA	AME		
		JAMES EDWARD	CRADY	LASI		HATTI	IE JACKSON		LAST
2		AS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS	
7	{Y		4-1946	578-12-1	188	CHARLSIE M, GH	RADY,1747 WI	LLARD STREE	T, NW
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b)	r as a conseoui	TIC PI	ROSTATIC CARCI		DITION GIVEN IN PART	Itas
1	TION						Lee	Tage is ves were shu	
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES 2	
1		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART ?)
	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
			n MAR	CH 29 19	0.2	CH 28 , 19 83 nd that in (my) (our) opinion	death occurred on the de		
		226. SIGNATURED	h mp			MD ATTENDING PHYSICIAN [MEDICAL STA	FF () 20	Mar 83
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT!	IN THE STREET		220 ADDRESS NAVA			AL COMMAND
		STEVEN D. AVE	ERBUCH,	MD		NATIONAL CAL	•		
ľ	23a.Q	URIA) CHEMOSION REMOVA	1 23b. DATE			CEMETERY OF CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR

JAMES T, SUTTON STL 35-EADS STAR

250 DATE REC'D. BY REGISTRAN 256 DEGISTRAN'S SIGNATURE APR 4 1983 Com



	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND A
- STATE	CEDITIFICATE OF D

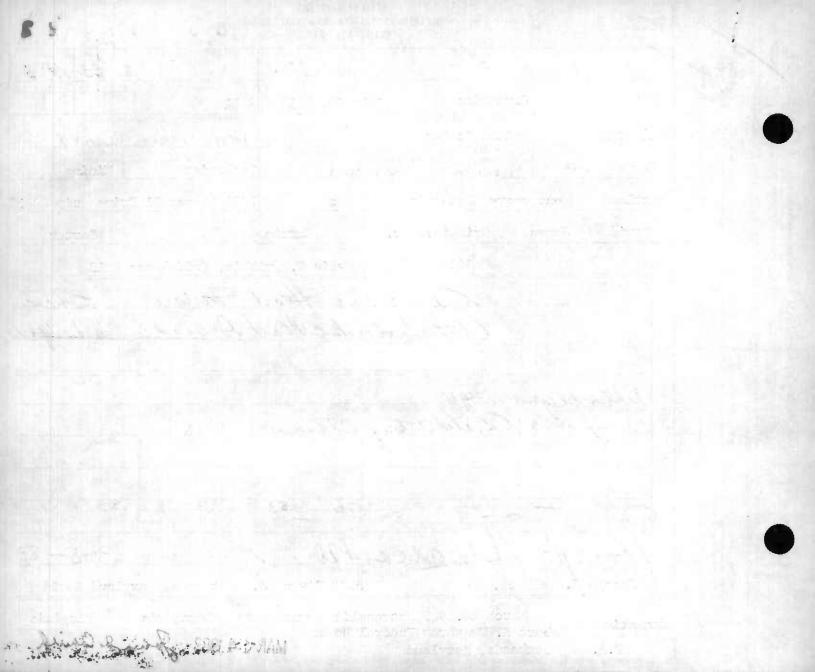
AND MENTAL HYGIENE

		REGISTRAR				CEKITI	ICATE OF DEATH	R	EG. NO.				1
		CEASED NAME	FIRST		MIDDLE	1	AST	2a. DATE OF DE	HINOM HIA	DAY Y	EAR 2	b. HOUR	-
	10.11		Davi	d Ja	ames	G	ribbin Jr.		3	8	53	1050	W
	3. SE)	X		4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS	AST BIRTHOAY	IF UNDER		IF UNDER 24 HRS	
	Ма	1e		Caucasi	Lan	Ju	ly 26, 1911	71	YF		DAYS	HOURS MIN.	
		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	DXX NEVER MARRIED	9 BALTIMORE			TH		
5	Ca1	ifornia		United	States	WIDOWE		Monto	omer	Y Con	INT	X M	D.
-	-	TY OR TOWN OF DEA			HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCC		12b. K	IND OF	BUSINESS OF	
U		ethes Di		Subur	-ban 1-	tospi	tal	Geologis			inin	g	
35	13a S	AL RESIDENCE (IF NURS	13b. COUN	VIA	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADD	RESS				_
1		ryland	Mont	gomery	Bethesda		YES X NO	7520 Per	perel1	Drive	2 Z	ip 208:	17
,0		THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA		DDLE		LAST		E
4		David	James		ribbin, S		Carrie		1		Por	ter	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI		17 INFORMANT		ADDRESS				
	n	0			562 09 06	92	Mylin G. Gr	ibbin, (v	rife) s	ee # 1	.3	Charles	
		18 CAUSE OF DEAT	H (Enter or	ly one couse pe	r line for (a), (b), and	(c1.)	. 11	, 7	2	BE	PPROXIMA WEEN ON	ATE INTERVAL	
		PARTI DEATH W		TE CAUSE (0)	& Due	and!	une Hear	1 tai	lure		2	4 hes	_
	2	4140		DUE TO, G	A A CONSEQUE	ACE OF	1 1	10			,		
		Conditions, if any		(1bC	Naterio	de	rotec dear	1 Au	LASE	~	/	41	1
	10	gove rise to imp		DUE TO C	R AS A CONSEQUE	NCE OF							
		underlying couse	lost	(c)		1102 01							
Š		PART 2 OTHER SIGN	NIFICANT (CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION	GIVEN IN PA	ART 1(o		=
	CERTIFICATION	1. Denn	hera	ia, h	get								
>	CAT	MA DATE OF OPER	TIGHT	191 COND	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY		F YES, WERE I	FINDING	S USED	_
	TIFI	24	383	Las	stid ar	trust	Stenesses	YES NO	NO I	YES [403E3 C	NO [
10		21a. ACCIDENT WAS UNI	_	21b. TIME C		Y FAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	A 18 PART I OR P	ART 2)		
7	MEDICAL	OR CONTRIBUTING		V171	.M.	19	23 12						
	EDIO	21d INJURY OCCUR	RED		OF INJURY REET, FACTORY, OFFICE, FA		21f. LOCATION	CIT	Y OR TOWN	COM	VIV	STATE	_
	>	WHILE NOT WE	HILE	(AT HOME S)	REET, FACTORY, OFFICE, FA	ikm, EIC J	30022					JIAIL	
		220 + certify that (I)	(this hospi	ral) attended th	ne deceased from_	1-	76 1983		- 8	198	3_, th	of (I) (Re) los	t
Z	(so the decease above, (I) (we) (ed alive an	the Ne Kady	ofter depth	\$3, or	nd that in (my) (aur) apinion	death accurred an	the date and	hour and fra	m the co	uses stated	
		27 SIGNATURE	1	X	/	-0.5	DEGRIE	/	37. 125	22c.	DATE SI	GNED	-
d		/Kesc	Mh	1	101	PAI	ATTENDING PHYSICIAN	DIRECTOR P	STAFF HYSICIAN	12	-8	- 8	3
		224 PHYSICIAN'S N	AME (TYPE C	RPRNT)			22e ADDRESS				0		-
	1	Joseph A	. Wal	Lage, M	D		5272 River Ro	1., Bethe	sda, M	lary1ar	id 20	0816	
		URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATIO					=
	-	emation					olitan Cremat		wandria			ginia	
		JNERAL DIRECTOR	Robe	rt A. P	umphrey Fi	unera	1 Homes 250 DAT	E REC'D. BY REGIS	TRAR 211 E	SISTRAR'S SI	GMIUI	RE .	-

Bethesda, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at other traumatic event, th



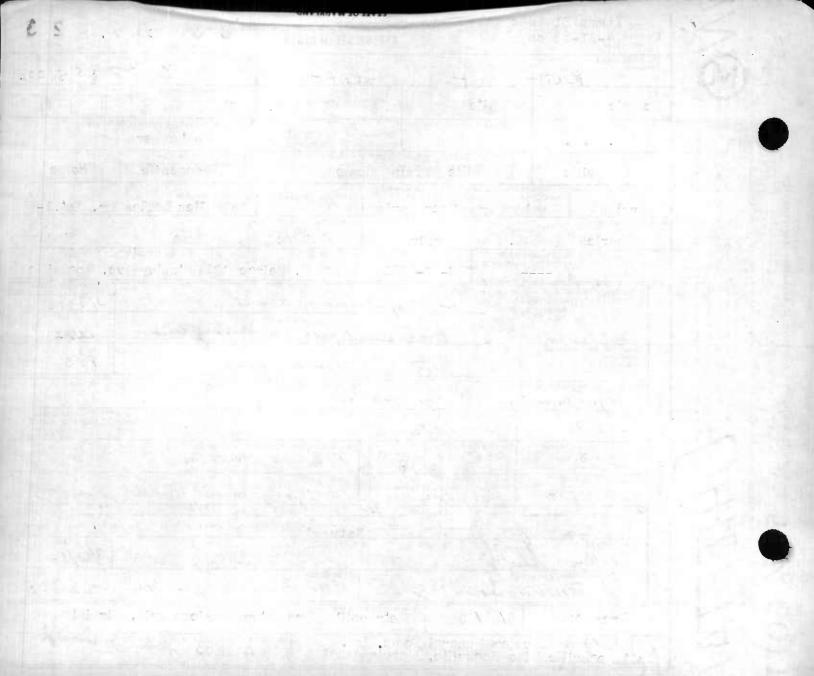
requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.

within 24 hours after

		CEASED NAME	FIRST		HOOLE		ROFE	20. DATE OF DEATH	MONTH DAY	YEAR D R3	2b. H
	3 SEX			RACE White		5. DATE O		6 AGE (IN YEARS LAST BIRTI	MON	UNOER I YEAR	IF UN
41		RTHPLACE ISTATE OR FOR OUNTRY) Wash. D.C.		TO CITIZEN OF V	VHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
20	10 CI	Rockville			OSPITAL, NURSIN MILITY, GIVE STREET Nurs	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NOUSE)	ON F WORKING LIFE) W116	126. KIND OF INDUSTRY NO	me
35	13a. S	Iaryland	136 COUNT	TY	GIVE RESIDENCE BEFORE 136 CITY OR TOW Silver SI	'N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 3340 Glen	Eagles	Dr. A	pt.
50	14 FA	Charles	М	E.	Hoyer		15. MOTHER'S MAIDEN NA FIRST Minnie	Mae			Sin
1		VAS DECEASED EVER IT res, no or unknown) no		WAR OR DATES!	218-20-1		Nancy G. Peir		Marylan nley Av		ekv
											103
	NO	Conditions, if ony, gove rise to immicrouse 101, stoting underlying couse	which ediote the lost	DUE TO OR	MIRIBUTING TO	ENCE OF	l resulting of NOT RELATED TO THE TERM	nca	DITION GIVEN	8/8 Z	92
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29	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to immicouse 101, stoting underlying couse PART 2 OTHER SIGN 14 PART 2 19a DATE & POPERATE 12/22/83	which edicte of the lost less than the lost less than the lost less than the less than	DUE TO OR DUE TO OR DUE TO OR ONDITIONS CO LEST 19b. CONDITIONS 21b. TIME OF HOUR CA 21c. PLACE (AT HOME, STRI THE DODAY)	CONSEQUI CONTRIBUTING TO I CONTRIBUTING TO I CONTRIBUTING TO I CONTRIBUTING TO I FINJURY FINJURY FINJURY FINJURY FINJURY FINJURY FINJURY FINJURY FOR TO I CONTRIBUTING TO	DEATH BUT OPERATION AY YEAR 198 FARM, ETC.)	I NOT RELATED TO THE TERM The section IN WAS PERFORMED 21c HOW INJURY OCCUR TALL IN 21t LOCATION STREET Many Tylinary od that in (my) (our) opinion Natura DEGREE	200 AUTOPSY? YES NO ENTER NATURE OF INJUST VENTER NATU	20b IF YES, VIN CERTIFY III YES IN TEM 18, PART	COUNTY	IGS U

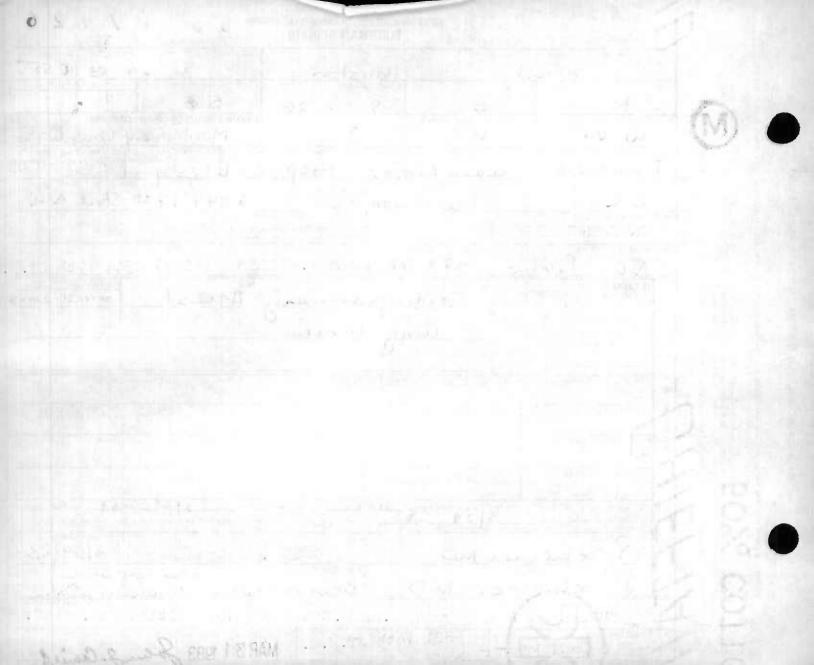
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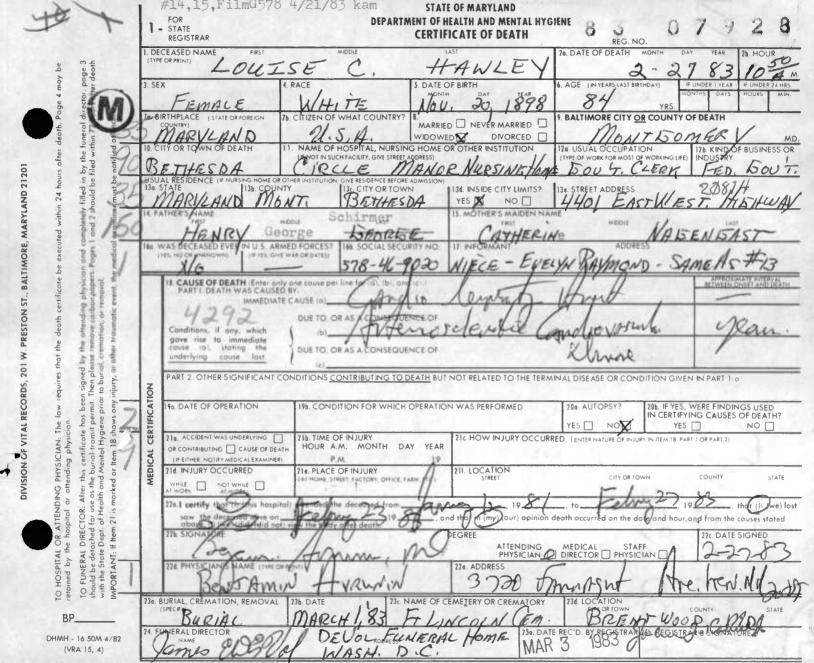
	3	1-	FOR STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	REG. NO.	0 / 9 2 5
	moy be		CEASED NAME FIRST OR PRINT) SUMI	4. RACE	GULAT I	20 DATE OF DEATH MON	5 11 1983 2:30Am
	director ours of	7a Bi	RTHPLACE (STATE OR FOREIGN	ASIAN INDI	V2 9	9 BALTIMORE CITY OR C	YRS.
	Jeath.		INDIA	INDIA	MARRIED MEVER MARRIED WIDOWED DIVORCED	MONTG	OMERY MO.
5	by the full with iled with	10. C	OCKVILLE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS) FARE	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOME MA)	DRKING LIFE) 17.6. KIND OF BUSINESS OR INDUSTRY HOME
AND 212	filled in hould be framest be	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN COUNTY COUN	OTHER INSTITUTION, GIVE RESIDENCE BEINTY 136. CITY OR TO	KVILLE YES NO [130. STREET ADDRESS	LINGTON FARE
, MARYI	completely 1 and 2 s		JAWALA	RAM KHET MED FORCES? 1160. SOCIAL SE		WAN B.	SAKHUJA
MORE	on and a				6-0626 MR SHAN	TI GULATI	, 18, BARRINGTONH
ST., BALI	g physicic son papers removal.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), D BY:		ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON	death c attendin ove cark stion, ar raumatic		Conditions, if only, which	DUE TO, OR AS A CONSECUTION (b) BRD	NCHOGENIC (CARCINON	1 1/2 YRS
× ×	that the laby the cose remot, cremon rother t		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF WITH ME	TASTASIS	3
RDS, 20	n signed Then ple ta burit injury, o	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITE	ON GIVEN IN PART 1(0)
I RECO	has been prior on sony	CERTIFICATION	NOV. 1981		CHOPERATION WAS PERFORMED	I I N	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
OF VITA	CIAN: TI physical programmer of tronsition of tronsition of tronsition of tronsition of the physical programmer of the physical physical programmer of the physical p		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORPART ?)
DIVISION	G PHYSI stending er this ce the buri ond Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
ā	TENDING oital ar a TOR: Afti for use as af Health 21 is mort		220.1 certify that (I) (this hospi	tal) ottended the deceosed from 3 - 11 - 15		death accurred on the date	and hour and from the causes stated
	AL OR AT the hosp AL DIREC detached is set Dept. T. If Hem		276. SIGNATURE	y view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 3.11.83
	etained by the feature of the featur		BIKRAM K	PAUL, M	.3. 6211, SU	NORDS WAY	BETHESDA, MD.
	PP	23a	URIAL, CREMATION, REMOVAL	236. DATE 3. 11.1983	CEDARHILL CREMATORY	123d LOCATION CUTY OF TOWN SUITLAN	D P.G. M.D.
DH	HMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR CHAMB			R 1 5 1983	
		-	7/1/1	-100.	-/(-//(-/(-/		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b. HOUR YPE OR PRINTS John Fontaine 8:30 F 1 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5 DATE OF BIRTH IF UNDER I YEAR YEAR 1903 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RLINDA VINGINIA U. S. A Montgomery County DIVORCED 12b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lega1 POINT DEXTER 600 4 ATTORNEY MO 20852 13d. INSIDE CAPY LIMITS? 13e STREET ADDRESS Maryland MONTO ROCKVILLE POINT DEXTER 6004 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE HALL SILVERIVE QR NICe 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 78-05-2379 MARY POINT Payton 6004 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for 1a), (b), and (c) PART I. DEATH WAS CAUSED BY: ULMONARY A NEMIA AND THOM BOCYTOPONIA Canditians, if any, which MANKEL gave rise to immediate cause (a), stating the underlying cause last ACUTE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG INSOH 206. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? HCERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) MANCH 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an 3 - 31 19 0 above, (1) (we) (did) (did not) view the body after death. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS ld b MPORIA MD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial April 2, 1983 Rockville Cemetery Rockville Robert A. Pumphrey Funeral 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256-REGISTRAR'S STONATURE DHMH - 16 50M 4/B2 Homes, P.A. Bethesda, Maryland (VRA 15, 4) ADD 7

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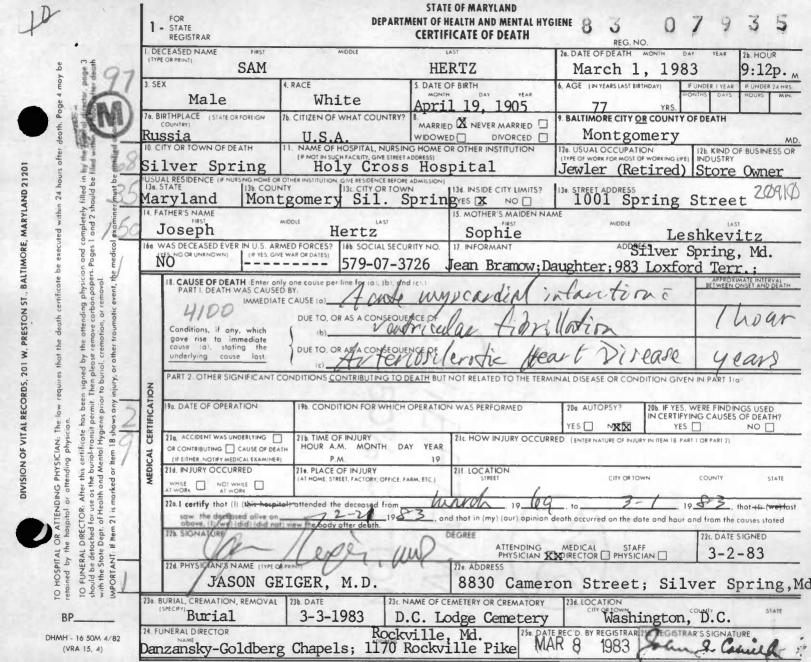
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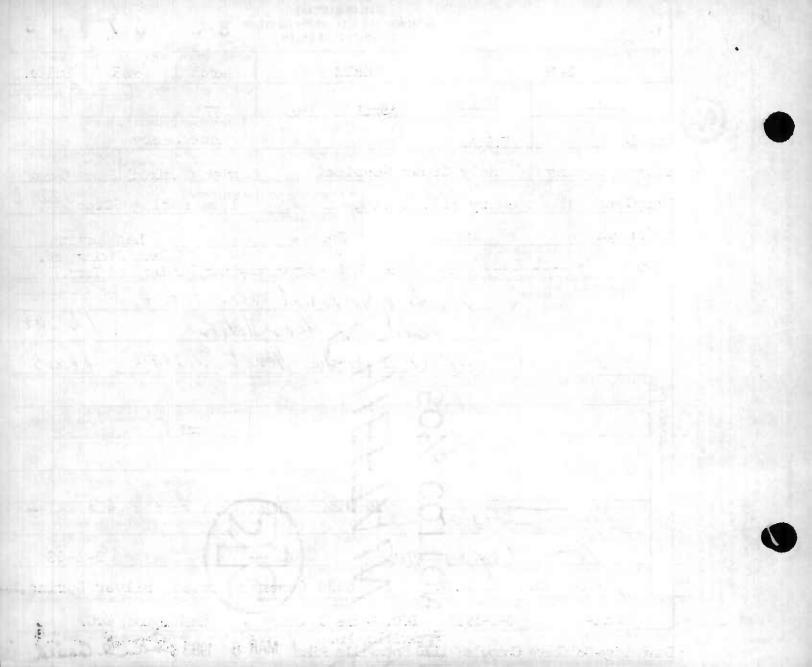
DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN X1 2b. HOUR 11:5E Kathleen Anne Hennessey DEATH MATED Mar. 15 1983 4. RACE SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 11:58 Female. Cauc. DEAD March 15 1937 45 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED T Montgomery County, Washington, D.C. United States DIVORCED ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Clerk/U.S. Public Health Ser. Shady Grove Adventist Hospital 13a STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES XX NO | 7809 Jeremy Terrace Maryland 20855 Montgomery Derwood 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Keenan Roberts Mildred Catherine 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. Lawrence P. AD Keenan, Cousin 243-52-1178 No 16616 Frontenac Terrace, Rockville, MD. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ACU. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 19a. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF 2 io. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH 2 If. LOCATION WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted fram: Hamicide Undetermined manner PAGE 4 SHOUNT TO FUNERAL CAFTER DEATH, BALTIMORE, M. DATE SIGNED March 16,985 MEDICAL EXAMINER \$200 Wisconsin Avenue EXAMINER'S NAME Francis C. Mayle, M.D. Bethesda, Maryland 20814 _ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE March 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 17, 1983 Gate of Heaven Cemetery Silver Spring, Maryland BP 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral **DHMH-17** (VR A15 ME (5)) Homes, P.A. Rockville, Maryland 15M7/77

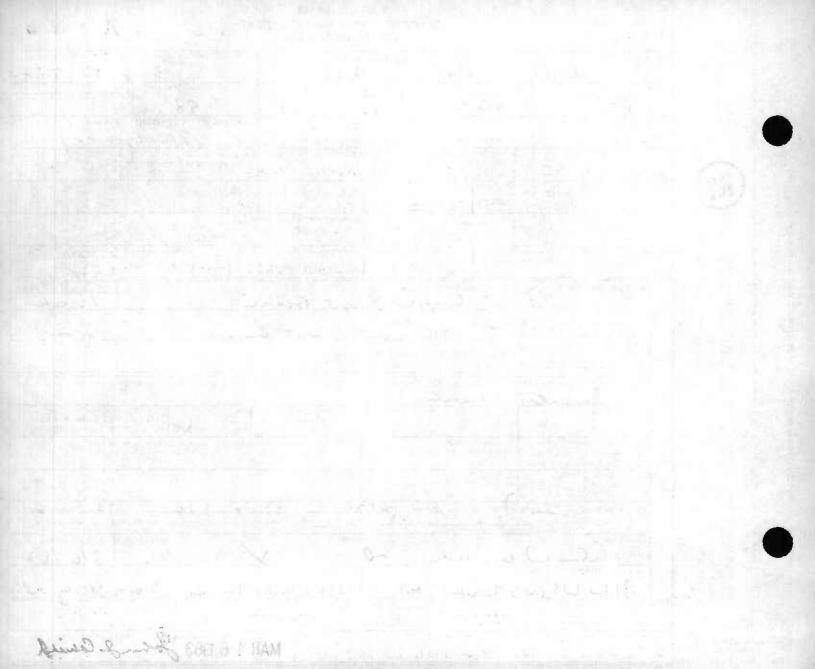
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201 rs of	by filled	00		evy Chase		3528	Hamlet P	lace		Lawyer	-4	Law F	firm		
1213 hou	filled in ould be f	50	USU/ 13a. S	AL RESIDENCE (IF NURSIN	NG HOME OR OT 13b. COUNTY	HER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		21	08/5		
AND a 24	hould	35		1. 20815	Mont	gomery	Chevy Ch	ase	YES X NO	3528 Ham	let Pla	ice	0.0		
RYL	12 sl	1	14. FA	THER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST			
MA Med	and	50		Alexander		Ρ.	Heron		Eleanor	W.M.		Miller			
ORE,	Poges 1			AS DECEASED EVER I	N U.S. ARME		16b. SOCIAL SECU	RITY NO.	17 INFORMANT		O Heske		-		
TIM Pe	S. Po			No			579-52-	2651	Barbara H.	Shannon, Ch	evy Cha				
BAL	ysicic oper- vol.			18. CAUSE OF DEATH	Enter only	one couse per	line for (o), (b), one	dictil	AI			BETWEEN OF	MATE INTERVAL		
ST.,	опри в семо				IMMEDIATE		A	200	la Parlu	re		14	Seele		
NO E	corb corb			2848		DUE TO, O	R AS A CONSEQUE	NCE OF	101	-		11	751		
REST	afte			Conditions, if ony,		(ib)		1	yelopiano	sus		6 ~	walke		
Y P	the rem			couse (a), stating underlying couse	the	DUE TO, O	R AS A CONSEQUE	NCE OF	, ,						
oht s	leas					(c)									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours	Then p to bur		Z	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110			
OR C	it.	-	CERTIFICATION	19a. DATE OF OPERAT	ION	TION COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20n AUTOPSY?	T20h JE YES V	VERE FINDING	GS LISED		
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TAL	icate h ransit i Hygiei	disease	ERT	21g. ACCIDENT WAS UNDE	ERLYING T	21b. TIME O	F INJURY		21c. HOW INJURY OCCUR	YES NO X	YES [ио 🗌		
NAI.				OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH DA			TEN TENTONE OF THE	AT IT II CAN TO THAT				
NO NYSK	is certification of Mento	1	MEDICAL	116 EITHER NOTIFY MEDIC		P. 21e. PLACE		19	211 LOCATION		17. 7				
AISIC 3 PH	the the ond		ME	WHILE NOT WHI	LE 🖂		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE		
a NO	Afte os olth			22a.l certify that (1)) ottended th	e deceased from		Now 19 76	in M	an/2210	83 1	hot (1) (we) last		
N N	or us			sow the deceose	d olive on	M	an ,20 198	3, or	d that in (my) (eur) opinion	deoth occurred on the d	ote and hour a	nd from the c	ouses stoted		
X.	DIRECTOR Ched for u Dept. of H			obove, (1) (we) (di 22b. SIGNATURE	id) (did not)	view the body	ofter death.		DEGREE			22t. DATE S	JONED -		
O	E . O 2		100	Y (no		Odla.		mes.	ATTENDING PHYSICIAN	MEDICAL STA		21	32/02		
PITA	FUNERAL old be dete			22d. PHYSICIAN'S NA	ME ITYPE OR P	RINT)	TANK	-	220. ADDRESS	J DIKECTOR ! TITTSK	, IAIT L	1	240)		
HOS	TO FUNERAL should be defined by the stool	1	1	Thomas (. Hav	ell			4201 Cathe	dral Ave., N	W, Wash.	,D.C.	20016		
5	ē 5 4 3 3	T	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE		
1	BP			Burial	146	3/25			eek Cemetery	Washing	ton, D.	.C.			
DHMI	H - 16 50M 4/1	32	24 FU	INERAL DIRECTOR	Joseph	Gawle	r's Sons,	Inc.	25a. DAT	LAR DE REGISTRAN	25 FGATRA	R'S GGNA	thelp		
	(VRA 15, 4)		5	130 Wiscon	sin Av	e., NW,	Washingto	n,D.C	. 20016 W	INI A 0 1000	U.	<u> </u>			

· (m.) 1982 . 1 . 500 Lt 20 Lt Court Chiat (Chiat as the control of COMPANDED TO SECOND W. Colts . Mentagement There Dates . W. Colts donata remane nye ASSESSED TO THE PARTY OF THE PA TOTAL . C TOTAL 3/25/35 Hook John Veresiery Amberstau, J.C. Savider's John, Lic. MAR 9 H BELL AND DE GALLEY Tel all of the state of th







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MILE PRIMER THE LE STREET & COOL WAY OF FREE (col) It as same gett toning . The till The state of the s TAKE Sinders' transfer was not unfaller TAKE MAR 9 1383 July Casief and the second of the second of

(TYPE OR PRINT) March 24, 1983 Hobbs Lena Mae 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) remale 017 TO BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IO. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Montgomery General Hospital Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 1136. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Z IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOR 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d. INJURY OCCURRED 210. PLACE OF INJURY CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. mar. 23 sow the deceased alive on, , and that in (my) (ew) opinion death occurred on the date and hour and from the causes stated above, (1, (we) (did) (did not) view the body after death ATTENDING MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS P P Olne Frederick Moomau. 231. NAME OF CEMETERY OF CREMATORY 23e. BURIAL CREMATION, REMOVAL 23b. DATE Ancido

MIDDLE

FOR

- STATE

I. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2 (VRA 15, 4)

FIRST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

JARGER

YES [

COUNTY

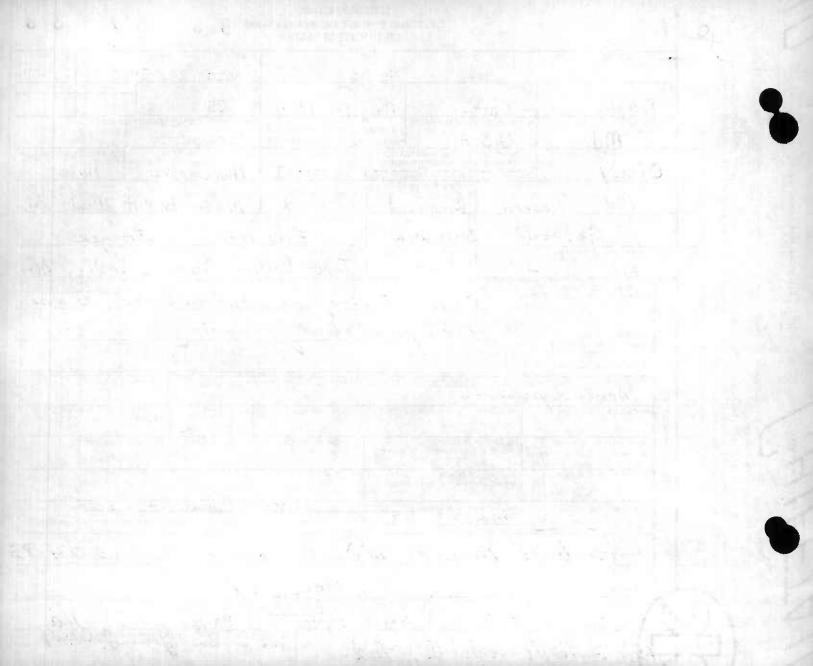
22c. DATE SIGNED

BETWEEN

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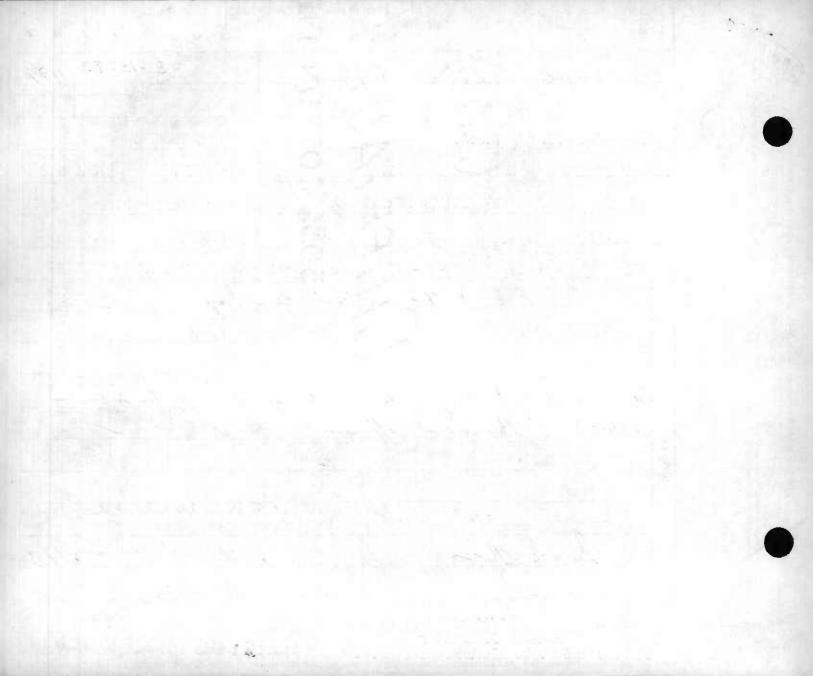
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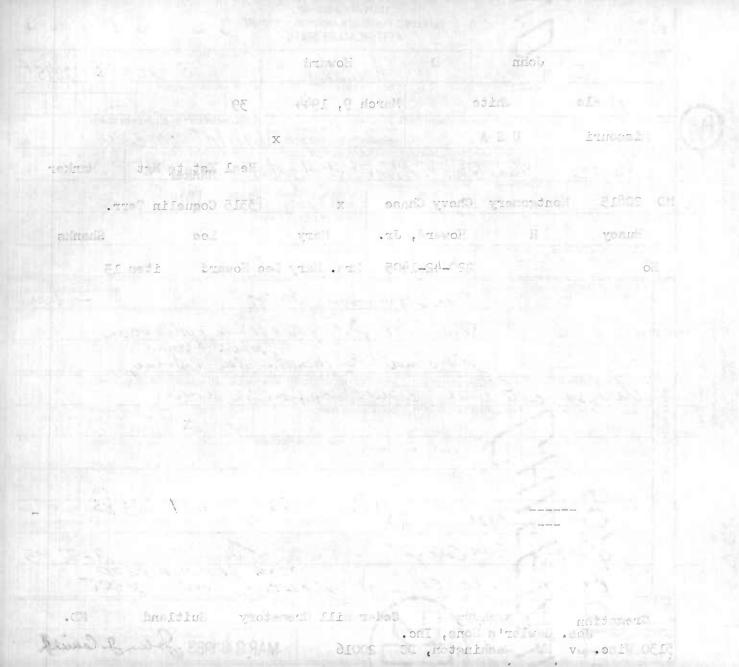
2a, DATE OF DEATH



DHMH - 16 50M 1/8 (VRA 15, 4)

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	IENE 8	S REG. NO.	79	3 9
	1. DE	CEASED NAME FIRE	R H	ODGES	No	pe	20. DATE OF	DEATH MONTH	15-83 Ph	HOUR 1/30
	3 SE	MALE	4 RACE CAUCAS		5. DATE C	F BIRTH 14,1921 YEAR	6 AGE (INY	EARS LAST BIRTHDAY) 62 YRS	MONTHS DAYS H	UNDER 24 HRS
+7	w	RTHPLACE (STATE OR FOREIG COUNTRY) ASHINGTON, D. (c. u.s		WIDOWE			MONTGOMER		W
68	SI	LVER SPRING ALRESIDENCE (IF NURS OF INC.)	HOLY	CRUSS HUS	PITAL	r other institution	1	OCCUPATION X FOR MOST OF WORKING MFTTTER	126 KIND OF B	
35	MA	RY LAND M	NTGOMERY			13d. INSIDE CITY LIMITS? YES NO [ADDRESS 12 DUBLIN	DRIVE	20902
50		WILLIAM VAS DECEASED EVER IN U.	B. S. ARMED FORCES?	HOPE	NEW O	MARY		UISE	HODGES	
1			VES GIVE WAR OR DATES)	577-18-8		ELEANOR FAY	HOPE	SAME AS		FE E INTERVAL ET AND DEATH
	MEDICAL CERTIFICATION	18 CAUSE OF DEATH IER PART I. DEATH WAS C 423 IMM 423 IMM 123	DUE TO, O ch te te b) ANT CONDITIONS CO 19b CONDI NG 71b TIME O HOUR A.	R AS A CONSEQUE R AS A CONSEQUE DITTRIBUTING TO D LITTRIBUTING TO D	NCE OF NCE OF NCE OF OPERATION	NOT RELATED TO THE TERM MUST PERFORMED TILL HOW INJURY OCCURS TILL LOCATION	200 AUTO	DPSY? 20b. IF Y IN CERT	GIVEN IN PART NO (ES, WERE FINDINGS TIFYING CAUSES OF YES	S USED
	ME	WHILE AT WORK 270. I certify that (I) (this sow the deceased oliopane, (I) (we) Idid) (c 27b SIGNATURE 27d. PHYSTCIAN'S NAME (hospital) ottended the ve an 3 did not) view the body	e deceased fram	2// 83, on	d that in (my) (our) opinion of the company of the	MEDICAL DIRECTOR (STAFF PHYSICIAN		
	23a B	IRNEST SURIAL, CREMATION, REMO	DVAL 236. DATE			SILVER SPI	23d LOCA	ATION OR TOWN	COUNTY	STATE
	24 FU	BURIAL JNERAL DIRECTOR F 500 UNIV.BLV	RANCIS J. D.,W.,SILV	COLLINS		1 1 1 1 1		ENTWOOD EGISTRAR 286/REGIS	PRI GEO	MI





3 · L	7	1 -	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH						0 7	9	4 1
noy be poge 3		1. DEC	CEASED NAME OR PRINT) LOUISE	ST	MIDDLE MIDDLE			owle	MA-E		3,198	>1	OUR A M
e 4 n	2.8	3. SE)	Female	1	RACE White		5. DATE C	F BIRTH / 25/1892 YEAR	91	YR	MONTHS C	DAYS HOUR	DER 24 HRS
deoth. Pog	U	Nó	RTHPLACE (STATE OR FOREIGN THE Carolina TY OR TOWN OF DEATH	a	U.S.A.		WIDOWE		Montgomery				MD.
ors after		Sil	lver Spring		NAME OF HOSPITAL, NURSING HOME OR OT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Chevy Chase Nursing Ho				Secre	tary	G (IFE) 12b. KII	S. Go	vit.
LAND 21	4	130E		COUNTY				13d. INSIDE CITY LIMITS? YES NO 1	13. SIREET A	Poplar S	Street,	N. W	997 V.
E, MARY	21	14- \4	Elias B	loun	it Mod	ore	NITY NO	Martha 17. INFORMANT		MIDDLE USan ADDRESS	Wa	rren	
be exection and rs. Pages	3	N	Quo or unknown) (IF Y	ES, GIVE W	ar or dates) 578-1	05-0	0181	John Sabin L	each,			#13 PROXIMATE IN WEEN ONSET A	
RECORDS, 201 W. PRESTON ST., B low requires that the death certifical. So been signed by the attending phy assemit. Then please remove carbonpo to prior to buriol, cremation, or remove, sany injury, or other troumatic event		NOI	Conditions, if any, whice gove rise to immedio couse (a), stating the underlying couse los	ch te ne st.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEOUE!	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION		3 m	→
AL RECO	2	CERTIFICATION	190. DATE OF OPERATION		196 CONDITION FOR V	VHICH (OPERATION	N WAS PERFORMED	20a AUTO	PSY? 20b. IF	YES, WERE FI RTIFYING CAU YES	INDINGS US USES OF DE NO	ATH?
DIVISION OF VIT AL NG PHYSICIAN: The ottending physicion fifer this certificate h os the buiol-transit p h and Mental Hygies	9	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING ☐ CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	OF DEATH	216. TIME OF INJURY HOUR A.M. MONTI P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		Y YEAR 19	21c. HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN ITEM	IB PART I OR PAR		STATE
TO HOSPITAL OR ATTENDING P retained by the hospital or other TO FUNERAL DIRECTOR. After it should be detached for use as the with the State Dept. of Health one with the State Dept. of Health one with the State Dept. of Health one	/	W	WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this sow the deceased aliobove, (1) (we) (did)	haspital) ve on lid not) vi	attended the deceased March services the body after death.	from 19	3, an	d that in (my) (our) opinion		orse 13 I on the date and I STAFF PHYSICIAN PN U W	19 230 hour and from 220. D	, that (In the couses DATE SIGNE	(we) last stated
99999 2 4 3 E		23a B	URIAL CREMATION, REMO	OVAL 1	3/16/83	23t. N	akdal	e Cemetery	Vally Was	hington,	North	ı Car	
DHMH - 16 50M 4/82 (VRA 15, 4)	2	J (neral director os. Gawler's	So	5130 Wi ns, Washing	sco ton	nsin , D.	Ave., N WA	E REC'D. BY RE	83 John	SISTRAR'S SIC	MATURE	K

. 1 Transaction Statements Sval 6 2 6 0 1 0 1 2 0 2 2 C ers.. In the second sec The succession of the successi 10-1-4 S/ /s: variable electry variation, holitica of a

U. Liw e. 1 LO 2, LL 500., J. U,

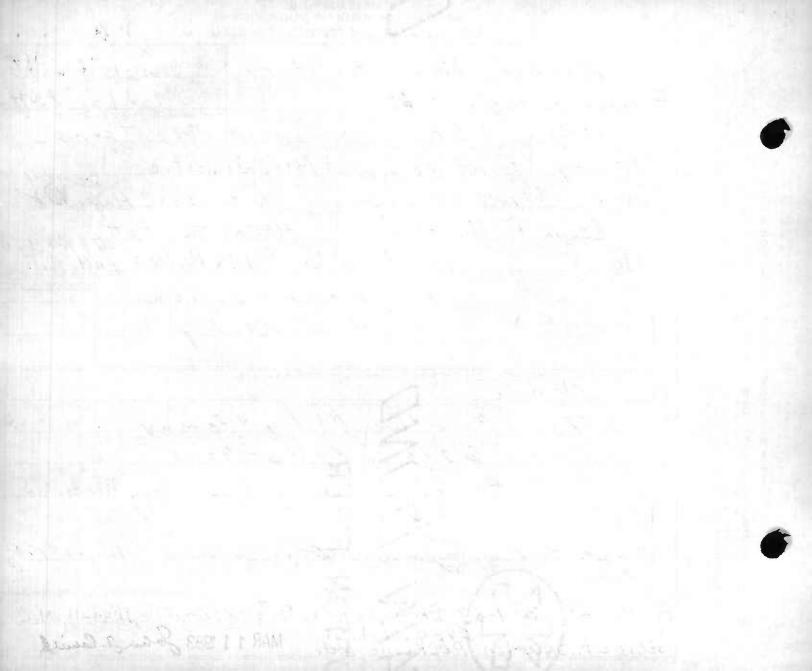
Warner E. Pumphrey, Inc.Sil.Spr., MD 20907

(VRA 15, 4)

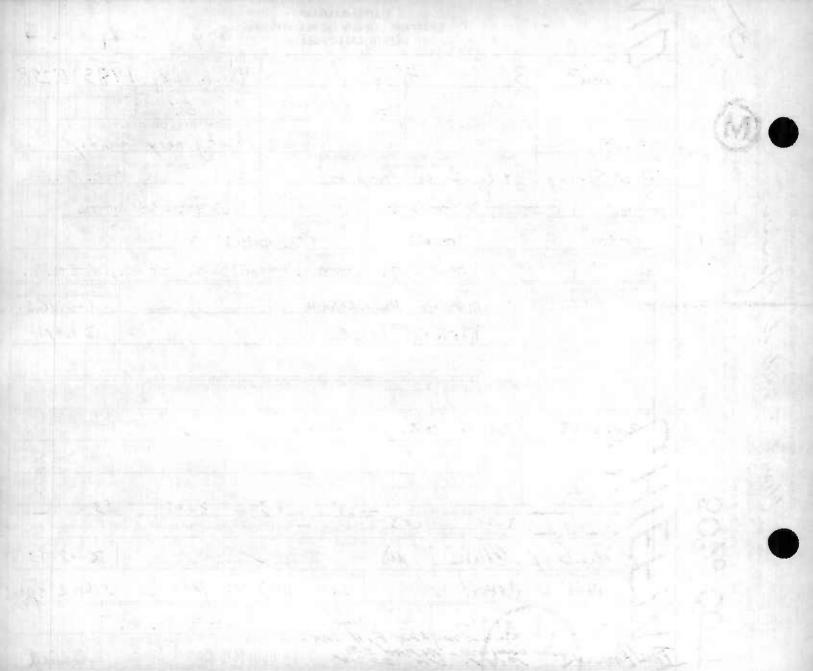
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AND THE PERSON OF THE PERSON O of an age from the many a second track to the second to th the property of the control of the c LANGERT BONDER AT A CHARLING ADD MARS O 1883 John Jahrens Charles

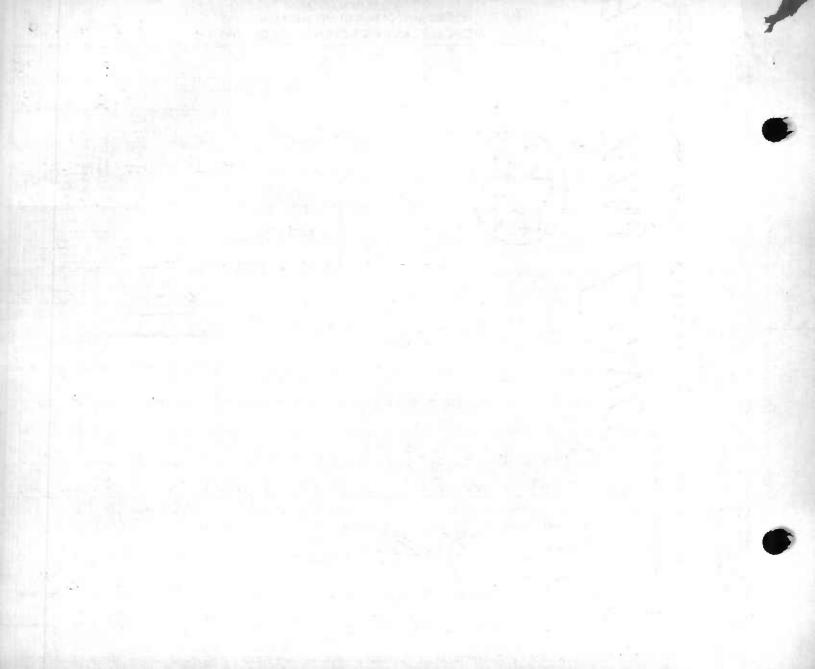
1/2			STATE OF MARYLAND
4			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REG. NO.
			CEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN MONTH DAY YEAR 26 HOUR
	W~:.68E	(TYP)	Risal Control of the State of t
	SEE SEE	3. SEX	
	ST ST	-	DAY YEAR LAS BIRTHDAY) MONTHS LOVE FOURS LIVE PRONOLINGED
	PA COLO		erhate 2/2 tay 18/7 65 YRS. DEAD 12 NULL & 11/8 HM
	RA ESS	7e BI	RTHPLACE (STATE OF THE CITY OF WHAT COUNTRY? D. MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF DEATH
3	IS NECESSARY, PLEASE F FUNERAL DIRECTOR. E S FOR YOUR FILES. IN PRESIDENT STREET,		MICI U.S.A. WIDOWED DIVORCED DO NOT SO WENT MD.
	S = # G = 7	10 CT	TY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF YOR 126 KIND OF BUSINESS
	A LOS HERON	М.	OF INDUSTRY
	ROS ROS		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
120	ZSEES SY	130 S	
2.5	SHA	14 6	MA JUMA () / Upg YES NOW 1506101 Hope WINE
W	H-XOE	14. FA	ATHER'S NAME FIRST MAIDEN NAME, FIRST, FIRST, MAIDEN NAME, LAST
RE.	ANA PER		OSCAR P. Huntley Henrietta Potts
WO	N S S A A	16a W	VAS DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SCURITY NO. 17. INFORMANT ADDRESS 3807 KOKEBY KEES, NO. ORIUNKNOWN) LIFYES, GINE WAR OR DATES!
AL	A G B F I SICE		NO 245-28-0675 Mrs. Hrdelia Wilson RAIT, Md.
-	S. G. WIT		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
S	L K K K K		PARTI DE ATH WAS CAUSED BY:
O.	SEE SEE		SSO IMMEDIATE CAUSE (o) (DUE TO, OR AS A CONSEQUENCE OF
ES	N A T Y D	7	Conditions, if any, which
E.	A TAINE		gave rise to immediate (b) (b)
2	A. O. WEN		cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF
. 20	DE SE EST		(c)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NO PRODING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FIGURATE MEDICAL EXAMINER ALONG WITH FORM PM 3. SETTAIN PAGE 5 EUSED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED OF HEAT A BURIAL HYGIEINE, DIVISION OF WITH AND MENTAL HYGIEINE, DIVISION OF MEMOTIAL H		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)
8	A S A S A S A S A S A S A S A S A S A S	CERTIFICATION	/ Vove
=======================================	SHOULD ORD "PE ORD "PE USED A	CAT	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
¥	S S S S S S S S S S S S S S S S S S S	F	2.2017 Frzeture Rd. Norteman YES NODE
>	W W	H	216 EXTERNAL CALISE WAS 216 TIME OF INITIDY
Z	A H L S W L		UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LAND THOUR AM MONTH DAY YEAR LAND THOUR THOUR THOUR THOUR THOUR THOUR THOUR THOUR
S	SHO TO TO	MEDICAL	CONTRIBUTING CAUSE OF DEATH OM. 23 1973 2 2 7 7 THE 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211 LOCATION
2	S S S S S S S S S S S S S S S S S S S	WE	WHILE NOT WHILE TO STREET, ACTIONY, FARM, ETC.) STREET, ACTIONY COUNTY STATE
	WAR WAR		AT WORK AT WORK TO ME GOUSE FOR DEWY (11 1 Uper 14 Mg)
	PATE.		224 Teertify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Indian my opinion
	A STATE		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .
	ARY ARY		TITLE (SPECIFY)
	W. H.		ACTUAL DOWN 12/16/15
100	ZEE SEE	-	SIGNA MEDICAL EXAMINER STONE PER 1
	NO N		EXAMINER'S NAME
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	22- 01	(TYPE OR PRINT) ADDRESS.
	- mar - da	230 BI	URIAL CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY H. 234 LOCATION 3-9-83 BRYANT, LYTHE TYPICAL MORE OF CEMETERY OF CREMATORY H. 234 LOCATION MORE OF CEMETERY D. 234 LO
	BP	1	2.70.11
	DHMH - 17	1	UNERAL DIRECTOR NAME ADDRES
	(VR A15 ME (5))	6	EORGE K. SNOwden ROCKVIIIe, Ma, WAN 11 1903 June - WHILL
	20M 4/82		



		STATE OF MARYLAND	
	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3	7945
	REGISTRAR 1. DECEASED NAME FIRST	REG. NO.	DAY YEAR 25 HOUR
e 6.4	(TYPE OR PRINT) / IVa	Bernice Husband / M. / 20	1902 COCD
dec dec	3. SEX	1. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
1	Female	White Mary 12 1012 69	MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN	25 CITIZEN OF WHAT COUNTRY? 8	Y OF DEATH
- W 1	Wash.,DC	USA WIDOWED DIVORCED & Montagnery	Country MD.
ie de la company	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF MOT IN BUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (IF MOT IN BUCH FACILITY, GIVE STREET ADDRESS)	126. KIND OF BUSINESS OR
201 rs off	Silver Spring	Holy Gross Hospital Aide	Mont. Co., Md.
212 hou hou	USUAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! JNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	04112
AND 24 h	Maryland Mon	tgomery \$ilver Spring YES K) NO 1000 Brunswick	k Avenue
ARYLA Detely nd 2 sh	14. FATHER'S NAME	MIDDLE LAST FIRST MIDDLE	LAST
. MA	Marion	Boxwell (Unobtainable) RMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
BALTIMORE, MARYLAND Sole See executed within 24 spers. Poges 1 and 2 should vol. it, the medical azamined may		(IVE WAR OR DATES)	d Foirfor Vo
the man he	No		
	PART I. DEATH WAS CAUS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST., certification of remore incever	5789 IMMEDIA		12/100.
PRESTON one death of the other or the motion, or traumotic	Conditions, if ony, which	DUE TO, OF AS A CONSEQUENCE OF	3 Mys.
The o	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
by hot roth	underlying cause lost.	(c)	
RECORDS, 201 C M. Iow requires the low requires the low requires the low requires the lower signed law on the low reduced to t		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
ORD red s	NO LATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20% AUTOPSY? 20% IF Y	
	190 DATE OF OPERATION 3 ->8-63 210, ACCIDENT WAS UNDERLYING	maline for Homadilalis _ INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
DIVISION OF VITAL THE LELL NG PHYSICIAN: The MG	210. ACCIDENT WAS UNDERLYING	TES NOU	PART LOR PART 2)
OF VI	OR CONTRIBUTING CAUSE OF O	EATH HOUR A.M. MONTH DAY YEAR	
ON O	(IF EITHER, NOTIFY MEDICAL EXAMIN	216. PLACE OF INJURY 21f. LOCATION	
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ST.,	OUR NIT.	200	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly ane cause per lin	ne tar (a), (b), and (c).)			. /		BETWEEN ONSE	T AND DEATH
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	L EXAMINER: 1 E CERTIFICATE, DULD BE FORV L DIRECTOR: F H, WITH THE SI , MARYLAND;			ural causes 4.	Artident .	Suicide	. Hamicide	Undetermined m				
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	TIME TIME		EXAMINER'S NAME Frai	ncis C. Ma	ayle		ADDRESS 200	Wisconsa	Mu 1	Boter	47/1/	211
	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FA TO FUNERAL DIRECTO AFTER DEATH, WITH IT BALTIMORE, MARYLAN	23a. R	URIAL CREMATION REMOVAL	23b. DATE:	23c NAME OF	CEMETERY	R CREMATORY	23d. LOCATION CITY OR TOWN				
		(3	Cremation	26, 1983				Alexand	lria	Virgi		TATE
	BP		UNERAL DIRECTOR Robe		phrey Fune	eral Ha	Crematory	REC'D. BY REGISTR		TRAR'S SIGI		
	DHMH - 17 (VR A15 ME (5))	-	NAME	a. Maryla		1a1 110	MAI	281983	Sol	2	Capiel	A
	(AK VID MC (D))		r.A. Deulesa	a. Mary 1d	IIU		(1117)	1000	1			/ 9



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH Anthony Hutchinson (NMI) March 22, 1983 A AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR MONTH YEAR Caucasian 1892 May 8. 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States Montgomery County WIDOWED DIVORCED [] 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 10661 Weymouth Street Accountant/Internal Revenue USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION Zip: 20814 13e. STREET ADDRESS 136 COUNTY 13d. INSIDE CITY LIMITS? Montgomery 10661 Weymouth Street Bethesda YES X NO [15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Karen Frederiksen Hutchinson 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 213-50-3143 Ruth W. Hutchinson, Wife, Same as item #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for 101, 41, and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IT 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOK NO [21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 211 LOCATION STATE CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this hospital) offended the deceased fram. saw the deceased alive on 300 above, (I) (wor (did) (de nat) view the body ofter death. and that in (my) (pur) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED DEGREE TENDING MEDICAL March 22,1983 DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) Richard L. Whelton, M.D. 7100 Baltimore Avenue, College Park, MD 23b. DATE March 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY COUNTY 26. 1983 Parklawn Memorial Park Rockville

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

Entombment 24 FUNERAL DIRECTOR

FOR

- STATE

3 SEX

REGISTRAR

Male

70. BIRTHPLACE (STATE OF FOREIGN

Illinois

Maryland

14 FATHER'S NAME

IN CITY OR TOWN OF DEATH

Bethesda

Anthony

Conditions, if ony, which gove rise to immediate cause (a), stoting

underlying cause

19a DATE OF OPERATION

21d. INJURY OCCURRED

226. SIGNATURE

NOT WHILE

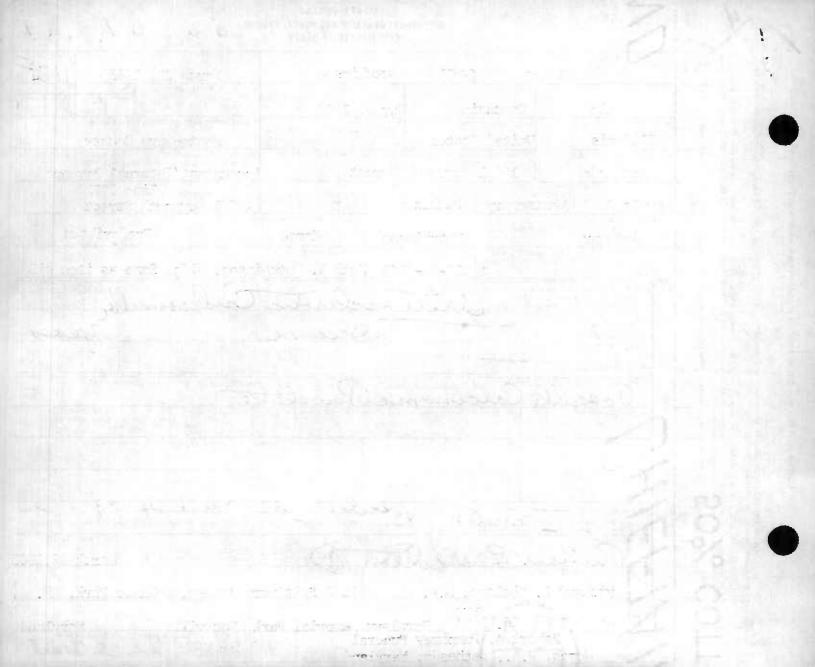
CERTIFICATION

NO OR UNKNOWN)

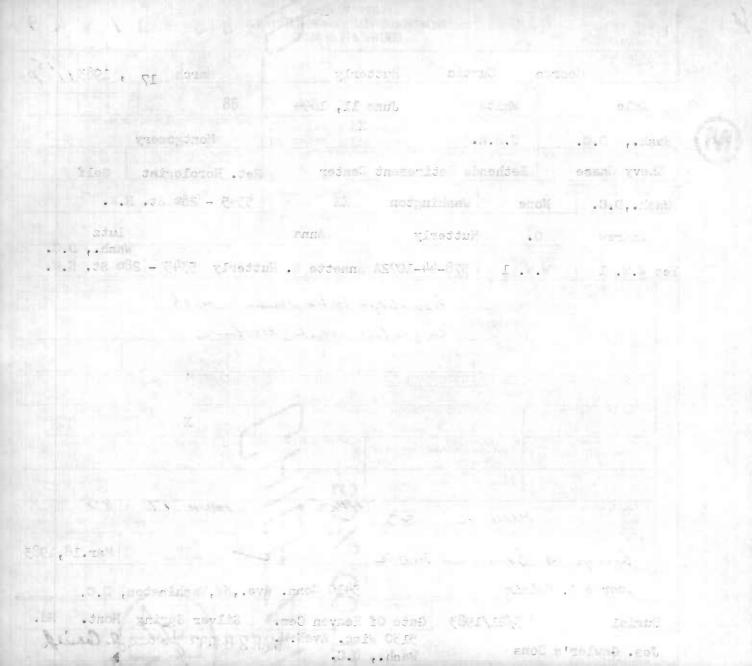
DECEASED NAME TYPE OR PRINT

> Robert A. Pumphrey Funeral Homes, P.A., Bethesda, Maryland

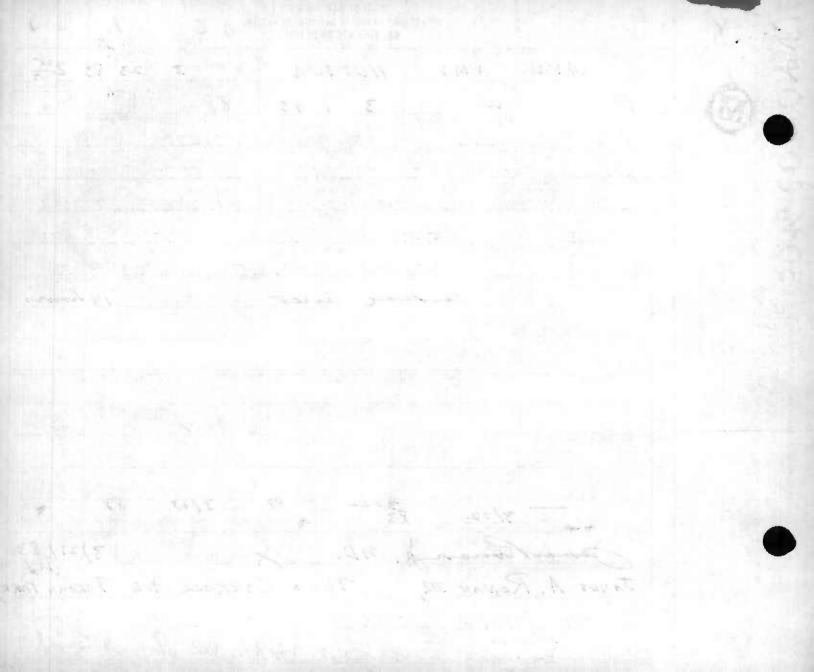
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TTEN Putol TOR for u		saw the deceased alive an	3/22 19	and that in (my) (apinia	in death accurred on the date on	nd hour and from the causes stated
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Al Calo		posser	1 Tonan	MD. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3/21/83
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TO HOSE etoined TO FUN should b with the		JAMES A.	KONAN JOR	7600	CARROLL A	WE TOKOMA POR
Z 6 ← 2 3 ₹	230 E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	JAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
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DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F		IS J. COLLINS	40	ATE REC'D. BY REGISTRAR 25	EGISTRAR'S SIGNATURE
(500 UNIV. BLVD.,	W., SILVER SPRING	3,MD. 20901 AF	PR 4 1983 /	man comments



	1	FOR - STATE REGISTRAR		DEPARTN	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	GIENE & 3	0	7 9	5
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2 000	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
or Item 18 sh	MEDICAL CER	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.	M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	IURY IN ITEM 18 PA	RT 1 OR PART 2)	
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		BURIAL, CREMATION, REMOVAL CREMATION	236. DATE 3/2/			EMETERY OR CREMATORY R HILL CREMATORY	23d LOCATION CHY OR TOWN ORY SUITI	LAND	PG.	STATE MD.

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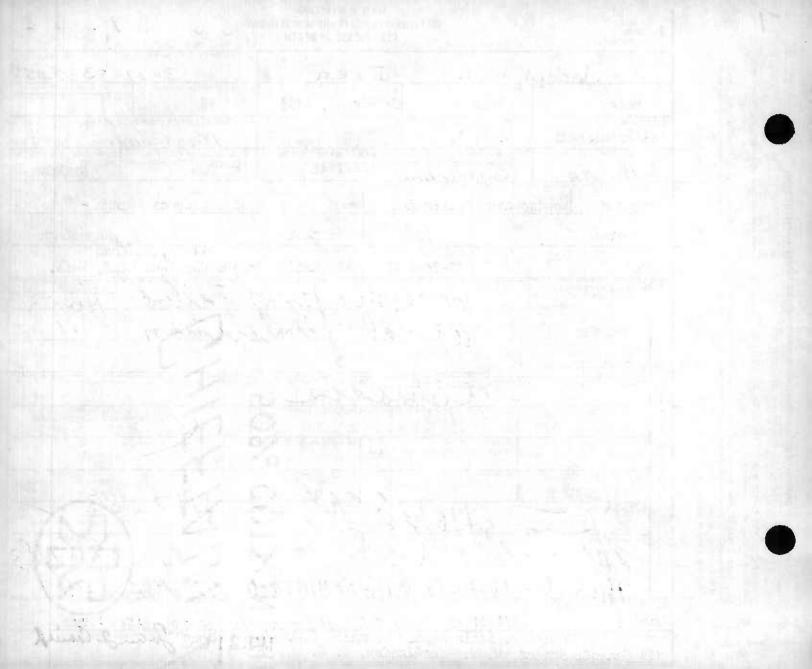
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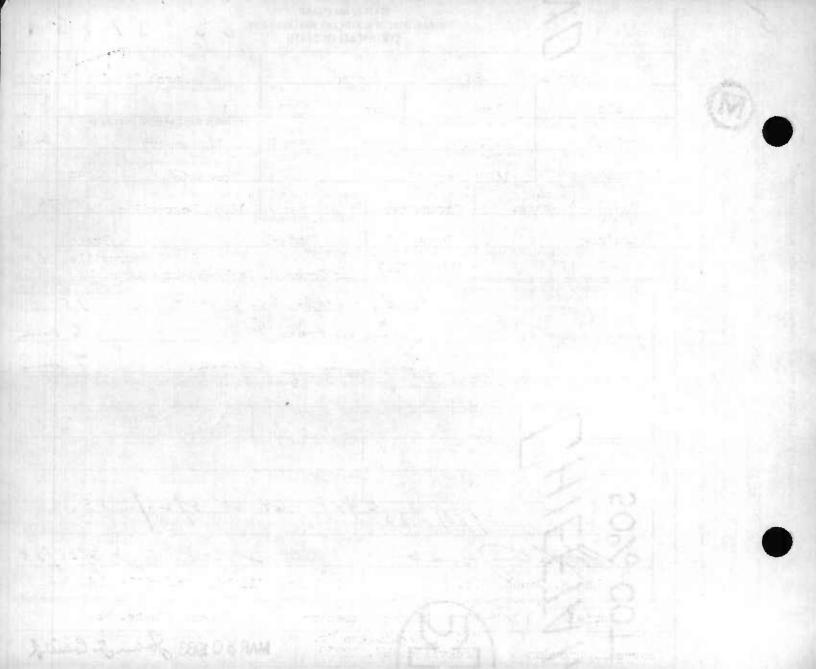
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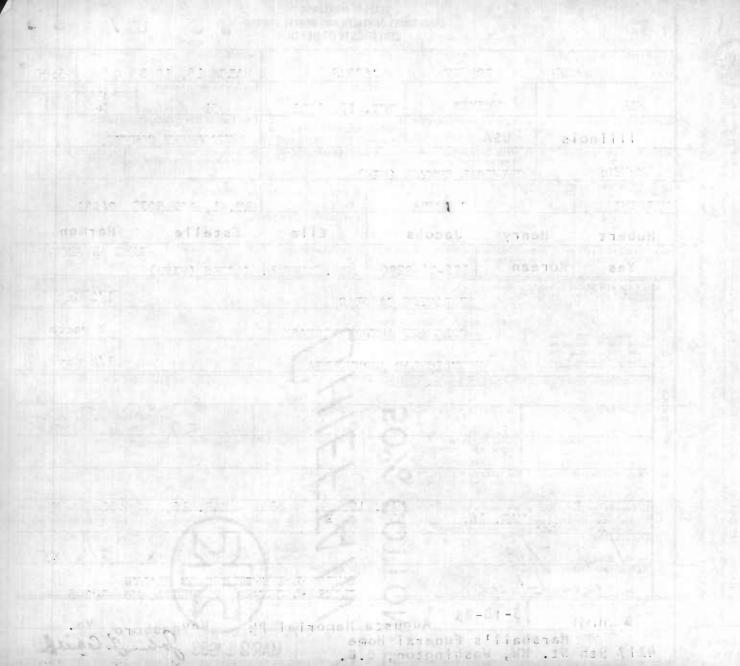
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toche toche e Dep		The SIGNATURE	111	10	20	ATTENDIN	MEDICAL	STAFF	25 64	226. DATE SIC	7/P>
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					

н	- 7	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.			
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	3. SEX	ale		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BE		UNDER I YEAR		AIN.
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	V	irginia		USA	A	WIDOWE		Montg	omery			MD.
7		TY OR TOWN OF DEAT			HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS	OR
1		Takoma Pari	K		A		st Hospital	Salesman	ON WORKHING EINE!		o Part	5
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/		Robert		L) •	James		LUIA		Cumin	irings	401	4
r	160 W	VAS DECEASED EVER IN		MED FORCES?	16b. SOCIAL SEC		17. INFORMANT	ADDR		Lake	crest	Dr.
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		18 CAUSE OF DEATH	(Enter or	ly one couse pe	r line for (a), (b), a	ind (c).)					ONSET AND DEA	ATH_
Ш		PART I. DEATH WA		D BY: TE CAUSE (a)	MSSEM1.	VATED	INTRAVASCUL	AR CARCULO	PATHY		7.83	10-1
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		underlying cause	last.	DUE 10, C	OR AS A CONSEQU	TIC RE	NAL CARCIN	OMA				
	-35	PART 2. OTHER SIGNA	FICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVE	N IN PART 1	0	=
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		OR CONTRIBUTING CA		4111	m. MONTH [DAY YEAR						
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		you the devende	Mire on	MARC	14 30 10	62	nd that in (my) (aur) opinion	death accurred on the c	late and hour		((-)	
	-3	27h SIGNATURE (X	ay aid no	ew the bady	y alter death.		DEGREE			22c. DATE	SIGNED	_
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	CI	remation		April	1,1983	Fort	Lincoln Crema	tory brei	twood	P. G.	Md.	

DHMH - 16 50M 4/82

(VRA 15, 4)

24. FUNERAL DIRECTOR

April 1,1983 Fort Lincoln Crematory

Brentwood P. G.

Md. 250. DATE REC'D. BY REGISTRAR 29 PEGISTRAR'S SIGNATURE APR 4 1983 John 9 Can m . Caniel

Francis Gasch's Sons, PA Hyattsville, Md.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					

REGISTRAR		CERTIFICATE OF	DEATH	REG. NO)		
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3. SEX Male	4.RACE White	Dec. 10	1922	6. AGE (IN YEARS LAST BIR	YRS.	JNDER I YEAR	HOURS MIN
7a. BIRTHPLACE (STATE OR FOREIGN The Netherlands	7b. CITIZEN OF WHAT COUNTRY? The Netherlands	MARRIED XX NEVER	MARRIED	BALTIMORE CITY O	_	DEATH	٨
BETHES DA-	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A	ADDRESS) SUBUR		12a. USUAL OCCUPATION OF WORK FOR MOSTO Diplomatic	F WORKING LIFE)		rland E
	other institution, give residence before NTY 13c. CITY OR TOWN tgomery Silver Sp	oring YES 🔀	NO 🗀	130. STREET ADDRESS 800 DeVere	Drive.	209	903
14 FATHER'S NAME FIRST Bernardous	Jansen	A	S MAIDEN NAM FIRST LNNA	WIDDLE		odewaa	
16g. WAS DECEASED EVER IN U.S. AR (YES, NO ORUMKNOWN) (IF YES, GN	MED FORCES? 166 SOCIAL SECU N/A 564-34-24			ADDRE			
PART I. DEATH WAS CAUSE	Ily one couse per line for (o), (b), one D BY: IE CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	NOE OF CAR OF	10	PNCER		3	UMATE INTERVAL ONSET AND DEATH YEAR
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210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH DA	19 211. LOCATI	ON	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART		STATE
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DANIEL JO	Postablum		KEN	SINGTON,		20.	895
	236. DATE 236. DATE 3-30-1983 For	AME OF CEMETERY OR T Lincoln C	CREMATORY emetery	SINGTON,	MD Pr. G	ounty	STATE Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

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describing of Frances Home 11300 16.3. Avenue,

Francis J. Collins

500 University Blvd. W. Silver Spring, Md.

MIDDLE

FOR

REGISTRAR

DECEASED NAME

1 - STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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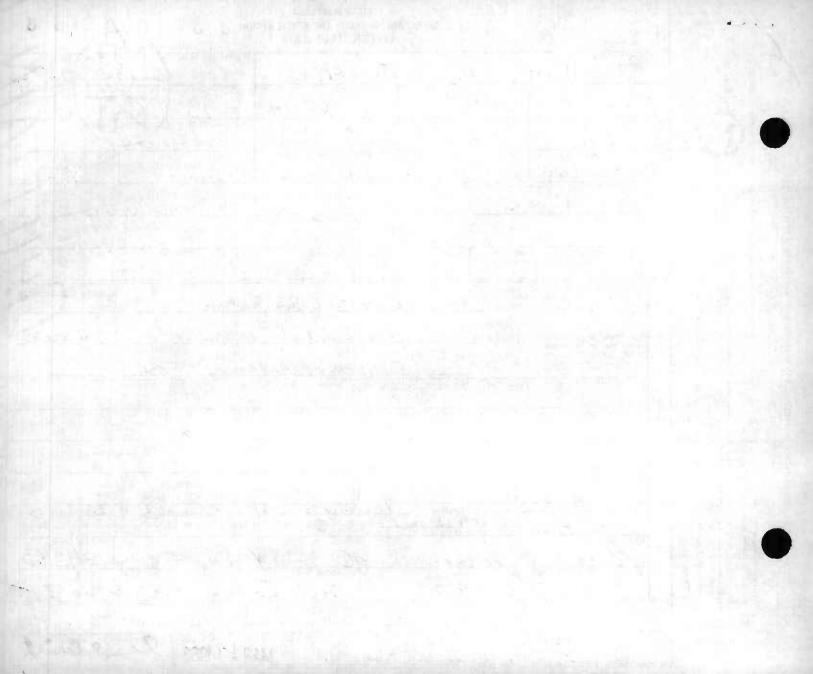
IF UNDER 24 MRS

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2a. DATE OF DEATH

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR



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	FOR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MALE ACCUMENTIAN DECEMBER 19 19 19 12 70 YRS		1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.	, ,	9				
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	M. BROWNING, MD /					1110	KETI		314						

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospital or ottending

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner

DHMH - 16 50M 4/82 (VRA 15, 4)

231 NAME OF CEMETERY OR CREMATORY

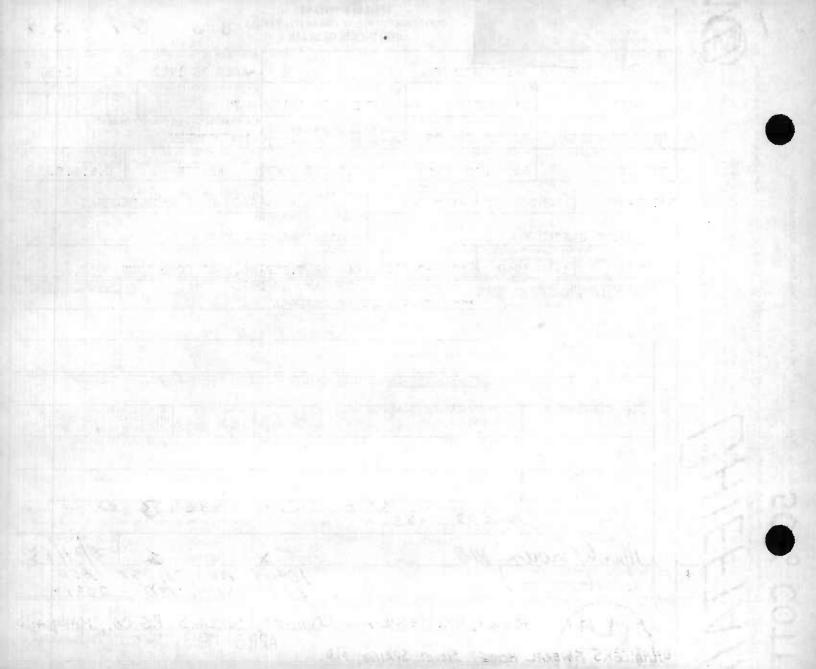
236 LOCATION

230. BURIAL, CREMATION, REMOVAL 230. DATE (SPECETY)

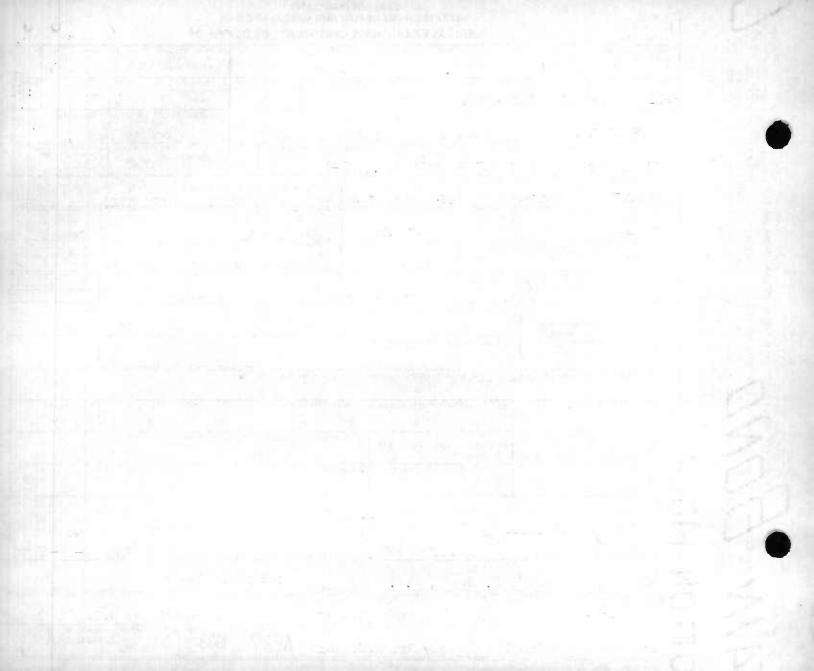
CREMATION APRIL 1, 1983 CEDAR HILL C
24 FUNERAL DIRECTOR

CHAMBERS FUNERAL HOME SILVER SPRING, MD

REGISTRAR'S STONATURE



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(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a DATE OF DEATH (TYPE OF PRINTS JOSEPH J. KARITAS 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY MALE WHITE 81

July 6, 1901 BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Oklahoma Montgomery U.S.A. DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Painter Takoma Park Washington Adventist Hospital U.S. Government SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Prince Geo. 13d INSIDE CITY LIMITS? 132STD Southway Road Maryland Greenbelt YES DO 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Andrew MIDDLE Karitas Maggie Kaminski

17 INFORMANT to WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS YES TO OR UNKNOWN) 157 01 0906 Mary L. Karitas Same as #13 (Wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line joy (a), (b) and (c) PART I. DEATH WAS CAUSED BY Shock androgenie RAS A CONSEQUENCE OF Qua ai. Conditions, if ony, which gove rise to immediate WOOL W cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. disease Subendocardia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION archon

196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? 2-11-83 & merciency - se above. NOX 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

(AT HOME STREET, FACTORY, OFFICE FARM ETC)

220 1 certify that (1) (this hospital) attended the deceased from_ saw the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and Iram the causes stated

hove, (1) (we) (did) (did nat) view the bady after death. DEGREE 22c. DATE SIGNED 00

OLES UND ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN CIAN'S NAME 22e ADDRESS Douglas-Jones MD

23c. NAME OF CEMETERY OR CREMATORY

Burial 3/29/83 Ft. Lincoln Cemetery

NOT WHILE

230. BURIAL, CREMATION, REMOVAL

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

Brentwood

COUNTY

CITY OR TOWN

DHMH - 16 50M 1/81 (VRA 15, 4)

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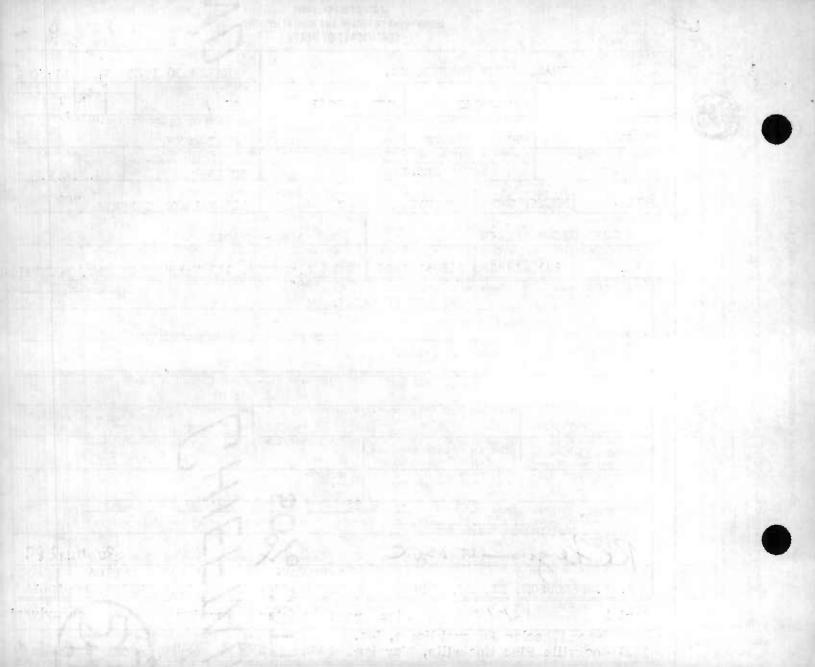
illering,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH DECE ASED NAME FIRST MONTH 26 HOUR (TYPE OR PRINT) EDWARD JACOB KEEFER, JR. MARCH 30 1983 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3 SEX JUNE 9 1957 MALE CAUCASIAN 25 O. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED D NEVER MARRIED FLORIDA UNITED STATES WIDOWED DIVORCED [] MONTGOME RY NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR 12a. USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHESDA NAVAL HOSPITAL RETIRED II.S.A.F USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND 20852 MONTGOMERY ROCKVILLE YESX 119 TALBOTT STREE NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST EDWARD JACOB KEEFER AGNES GRACIE 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 266-51-1869 VICKI L.KEEFER, 119 TALBOTT STREET. MD 20852 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CARCINOMA OSTEOGENIC IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NXX YES [NO [210. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 210. PLACE OF INJURY II LOCATION 21d. INJURY OCCURRED COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from MARCH 25 83 MARCH 30 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death DEGREE 220 DATE SIGNED mu UT USAIR ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (APE OR PRINT) 220 ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL COMMAND, NATIONAL CAPITAL REGION BETHESDA, MD 20814 R. K. FERGUSON, LT, MC, USNR 23c NAME OF CEMETERY OF CREMATORY Pine Grove Cemetery 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 13b. DATE 4/2/83 COUNTY Pennsylvania Berwick Burial

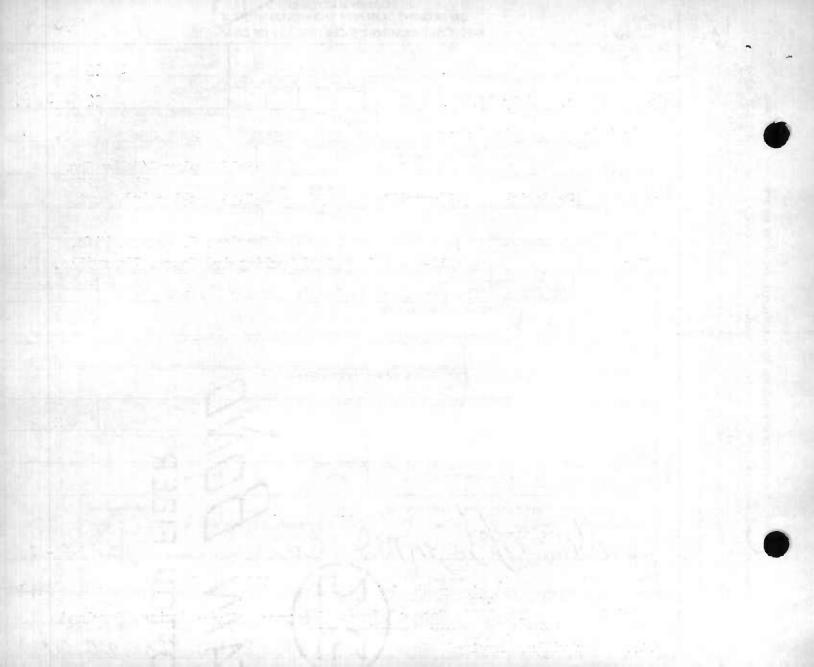
DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTION Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Maryland 20852

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

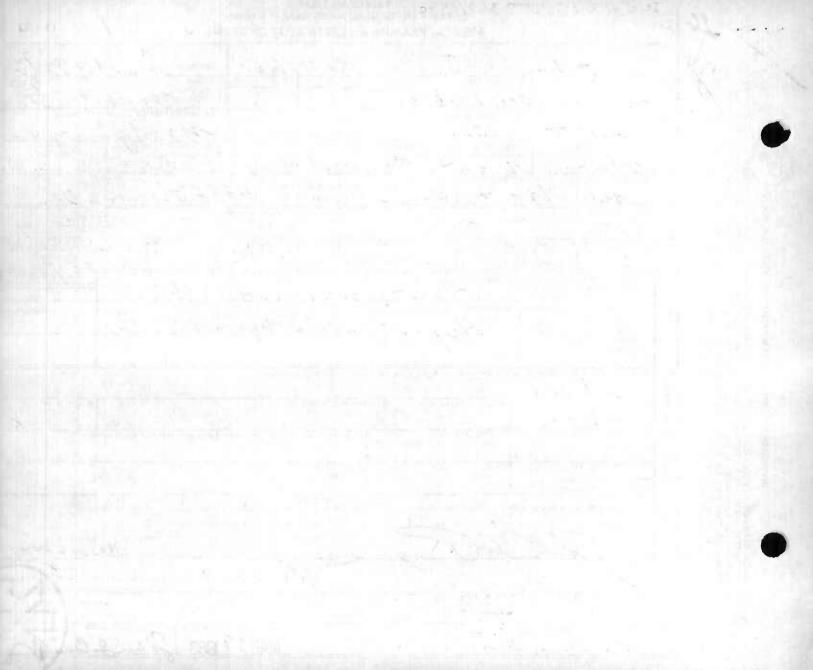


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9 1	SUA	RESIDENCE (IF IN NURSING HOME (OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE) ener	21/6000	ATTORI	VEY-AME	2-TITLE	INS. CO
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Noision	HB. VV		WAR OR DATEST	14-2028	JAMES KEL	LIHER) GALLAC / MD 20	GHER WAY 0742
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		death resulted fram: Natu	rdi couses , Accident	> Suicide L.,	TITLE (SPECIFY)	Jnaeterminea man	ner,		
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T WC		EXAMINETS NAME JO	OHN S. ROGERS		1919 SEM	INARY RO	AD, SILV	ER SPRI	NG, MD.
BALTIMORE, MARYLAND	o. BU		236. DATE/21/83 123c. NAME	OF CEMETERY OR	CREMATORY 2	3d. LOCATION			MO.
	4 E1	BURIAL NERAL DIRECTOR FRANK		E OF HEA	VEN S	D. BY REGISTRAR		CMONT	
(5))	00	NERAL DIRECTOR FRAN	CIS J. COLLINS ,SILVER SPRING,MD	. 20901	1/AD	1.7 1983	2	O C.	:. 1
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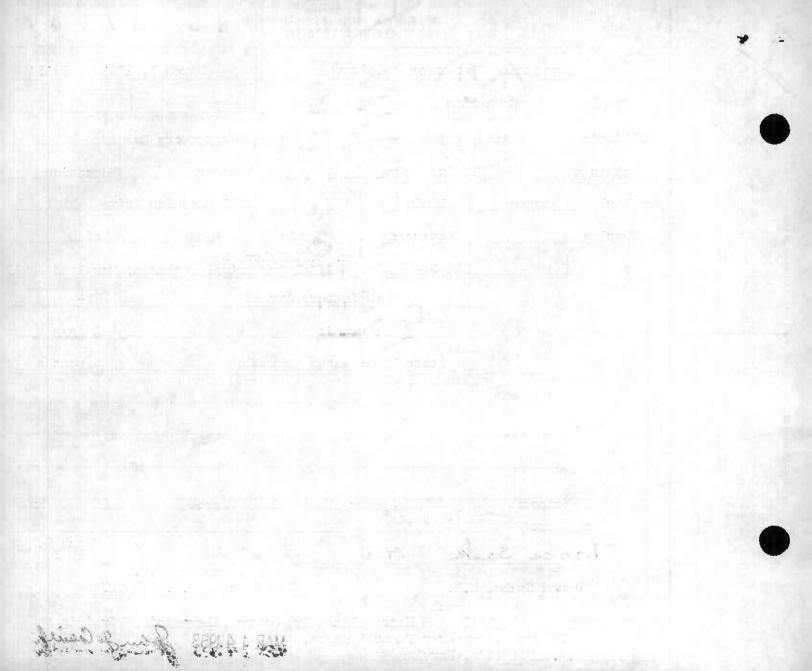
STATE OF MARYLAND FOR - STATE

P.A., Bethesda, Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	355	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	O		
		CEASED NAME	FIRST	A	AIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2h HOUR
ų.	(TYPE	OR PRINT)	Annet	tte Pe	eterson	Ke1	Ltv	Marci	7	1983	7:15A M
	3. SEX			4 RACE		5. DATE C	V	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
		Female	9739	Caucas	ian	Apri	1 8, 1905	77	YRS	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O			
1		Illinois	Value of	United	States	WIDOWE	D NEVER MARRIED	Montgome	rsz C	ountu	MD
-	10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12b. KIND C	OF BUSINESS OR
り		Bethesda	15 1	1	1kirk Dr:	- appriled by		Teacher	FWORKING	Educa	tion
0	USUA	AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				TEGUCA	0990
7	1000	w York	Nass		Baldwin	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2711 Chesh:	iro	Drivo	11510
Ż		THER'S NAME				75.0	15 MOTHER'S MAIDEN NA	AME	LIC	DIIVE	11010
Я		Charles	· · · · · · · · · · · · · · · · · · ·	MIDDLE	Peterso	n n	Martha	Anna		Heid	,T
		VAS DECEASED EVER			166 SOCIAL SECU			ADDRE	SS	пети	2
2	()	NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	116-09-83	110	Mr. E.J. Kel 6709 Selkirk	ty, Son,	1	- Mass-1	1 2001
		18. CAUSE OF DEAT	H (Enter on				10709 SEIKITK	Drive, Beri	iesa	APPROX	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH W	AS CAUSE	Ď BY:	1110 101 101, 101, 011		piratory Arre	st		BETWEEN	UNSEL AND DEATH
		2050	IMMEDIAL	E CAUSE (a)							
		Canditions, if any,	which	DUE TO, OR	R AS A CONSEQUE		umonia			2 da	avs
		gave rise to imr	mediate	(0)							2,0
		underlying cause		DUE 10, OR	Acute Acute		ogenous Leuke	mia		6 m	onths
	3	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS CO			NOT RELATED TO THE TER/		DITION		
	NO			None							
-	CAT	9a. DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF	YES, WERE FINDI	NGS USED
1	CERTIFICATION	None						YES NOX	IN CER	RTIFYING CAUSES	NO
-	CER	210. ACCIDENT WAS UND			FINJURY M. MONTH DA	VEAD	214. HOW INJURY OCCUP	RED (ENTER NATURE OF INJUI	RY IN ITEM	18 PART OR PART 2)	The or
1	AL	OR CONTRIBUTING (1111		19					
	MEDICAL	21d. INJURY OCCUR		21e PLACE C			21f LOCATION	CITY OR TO	WN	COUNTY	STATE
	2	NOT WH	HILE	(AT HOME, STRI	EET, PACTORY, OFFICE, P	ARM, ETC.)	JINEE	3			
		220 1 certify that (1)	XXXXX	X attended the	deceased fram_	Janua		, to March 7	,	_, 19_83,	that (I) XX last
		abave, (1) (X e) (c	ed alive an	March View the bady		83,0	nd that in (my) (aur) apinian	death accurred on the do	ate and h	haur and fram the	causes stated
Я		226. SIGNATURE			0		DEGREE	of the Paris of the Control of the C		22c DATE	ch 7,
		Tho	mos	. Sac	ka .	14.0	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	1	983'
		22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)			22e ADDRESS 2201	L. Street,	N.W		
		Tho	omas S	Sacks, M	.D.			ington, D.C.		20037	
		BURIAL, CREMATION,	REMOVAL	23b. DATE	March 23c.1	VAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COLLEGE	STATE
		Cremation	n	7, 198		etrope	olitan Cremat		iria	. Virgin	
	24 FL	UNERAL DIRECTOR				inera	1 Homes, 250 A	TE REC'D BY OF STRAR	T REG	ISTRAR (SIC 4)	LIRE LA
		- A POLYTIC			wrenuc22		, MANA		AL V	-	

DHMH - 16 50M 1/B1 (VRA 15, 4)



FOR

STATE OF MARYLAND

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STATE OF MARYLAND

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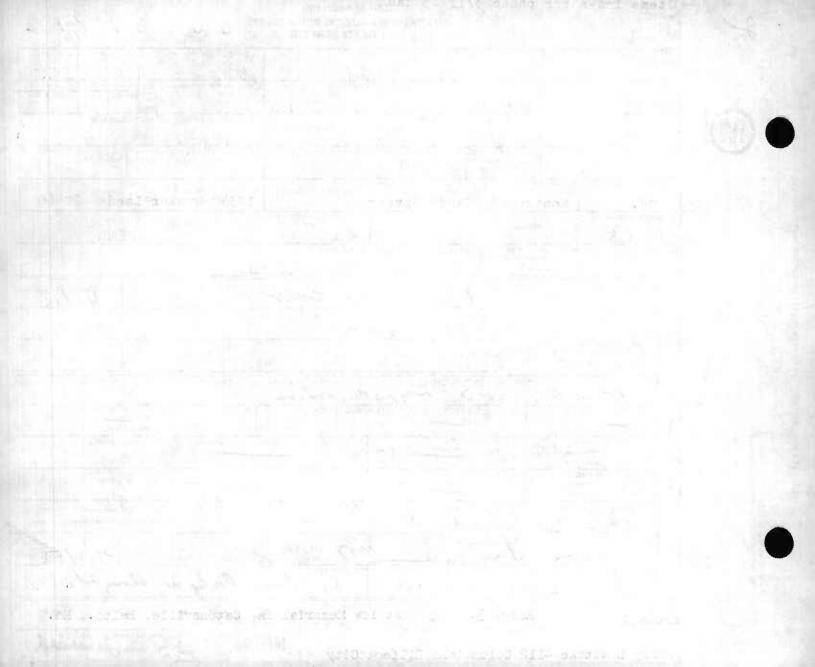
8	4	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEAL	MARYLAND TH AND MENTAL HY TE OF DEATH	GIENE 8 3	0 7 9	70
	- 1		CEASED NAME FIRST	WIDDLE	LAST	•	2a. DATE OF DEATH	ONTH DAY YEAR	26. HOUR
, be	Secution 1		CHUNG	- S.	KII	M	3/12/83		10 4M
E 0	Sha)	3. SE		4. RACE	5. DATE OF BI	IRTH OAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAY	
Poge	2 5/10	-	MALE	0	9 -	-7-42	40	YRS.	
Geath. P	47		COUNTRY) KOREA	76. CITIZEN OF WHAT COUNT USA	MARRIED WIDOWED	NEVER MARRIED [9. BALTIMORE CITY OR MONTEO	17	• MD.
on softer of	A STATE OF THE STA		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)		128 USUAL OCCUPATION IN PERIODE THE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	OF BUSINESS OR
1 24 hour	filled in ould be	USU. 130. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUP	OTHER INSTITUTION, GIVE RESIDENCE BY	OWN 134	INSIDE CITY LIMITS?	13e STREET ADDRESS	DMAN AU	E 20902
MARYLA ted within	ond 2 sh	14. FA	RYUNG	MIDDLE LAST	111	MOTHER'S MAIDEN N	WIDDLE		RIL
TIMORE,	S. Poges 1		VAS DECEASED EVER IN U.S. AR (IF YES, GIV	MED FORCES? 166 SOCIAL S VE WAR OR DATES) 578-80		MRS MAYFA	ALR E. KIM.	(WIFE)	
(DS, 201 W. PRESTON ST., B quires that the death certifica	signed by the attending phy; then please remove carbonpol to buriol, cremotion, or remov njury, or other traumatic event	NO	18 CAUSE OF DEATH LEnter or PART I. DEATH WAS CAUSE IMMEDIAT Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DBY: DUE TO, OR AS A CONSE (c) DUE TO, OR AS A CONSE (c)	OUENCE OF LOW	per plens period related to the ter	val sular minal disease or cond	war (y	DXMATE INTERVAL N ONSET AND DEATH
AL RECOR	thas been it permit. I have prior lows any i	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION W	/AS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
DIVISION OF VIT.	riol-tronsit entol Hygin Hem 18 sho	CAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
JVISION AG PHY:	fter this os the bu h and M orked or	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF		E LOCATION STREET	CITY OR TOW	N COUNTY	STATE
R ATTENDIF	CTOR: A for use of of Healt		220.1 certify that (I) (this bospe sow the deceased alive on above, (I) (see) (did) (and no		0-3	not in (my) (hur) opinio	n death occurred on the dat		, that (I) (we) l ast he causes stated
TAL OR y	RAL DIREC detached fote Dept. AT: If Hem		27b. SIGNATURE	epg (m).	DEG	ATTENDING PHYSICIAN	MEDICAL STAFF	3.	12 +3
O HOSPI	should be owith the Ste		22d, PHY MAN'S NAME TIMES	beiger Mi) .	ADDRESS AS	R SPRIN	o, lud. 2	0910
₽ € BF	C VE A		SURIAL, CREMATION, REMOVAL	1236. DATE Mach 14, 1983	Design M	TERY OR CREMATORY	why adelph	Country Country	mat
	- 16 50M 4/82 RA 15, 4)	24. F	PORA FURNIAL HIM	y Si Walley 2	4 Eural	sensel 1	MAR 1 6 1983	John J	aniel

MA PROFESSEY STUTE SPERIE 1704 PROSPERATE STITE PUTTY MAS MAJORE S NOW. (400) Farrel Major 1988 War Helington Contin Williams जिस्सा हिस्सी सिन्स अमिर्ससास अस्परित सामित है है है है है

f	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGIENE FICATE OF DEATH	8 3 0 REG. NO.	7971
	1. DECEASED NAME	FIRST MIDDLE		DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nay be		OUNG J.	KIM		983 19:15 PM
4 mo	3. SEX			GE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
age age	MALE		IL 23, 1910 EAR	72 YRS.	OFFICE
g b	70. BIRTHPLACE (STATE OR FO	KOREA	ED NEVER MARRIED DIVORCED DIVORCED	MONTGOMERY	MD.
- # WAO	10. CITY OR TOWN OF DEAT	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SHADY GROVE ADVENT	IST HOSPITAL	USUAL OCCUPATION E OF WORK FOR MOST OF WORKING LIF ARCHITECT	12b. KIND OF BUSINESS OR INDUSTRY
AND 212 24 have filled in ravid be in must be	USUAL RESIDENCE (IF NURSIN 130. STATE MARYLAND	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION B. COUNTY ONT GOMERY GAITHERS BURG	13d. INSIDE CITY LIMITS? 13e.	STREET ADDRESS	ENUE
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in opers. Pages 1 and 2 should be 1 only the medical exaginer myst be	14. FATHER'S NAME CHOONG	MIDDLE LAST	UNKNOWN	WIDDLE	CHO I
MORE, n and co Pages 1	160. WAS DECEASED EVER II	U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 213-02-2863	JOSEPH T. KIM		RMLEIGH ROAD NG.MD. 20902
es that the death certificated by the attending phyloses remove carbon please remail, are mail, are mail, or enther traumatic ever	Conditions, if ony, gove rise to immediate (a), stating underlying couse	DUE TO, OR ASTA CONSEQUENCE OF the DUE TO, OR AS A CONSEQUENCE OF	Arcinong Arneso TNOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ING PHYSICIAN: The law requir ratherding physician. We this certificate has been signastic than the brial-transit permit. Then hand Mental Hygiene prior transit pred or them 8 shows gray injury.	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	1.2	DO AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
N OF VITA "SICIAN: TI ng physici certificate urial-tronsis hem 18, sh	210, ACCIDENT WAS UNDER OR CONTRIBUTING CA	SE OF DEATH HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2]
DIVISION OF DING PHYSICIA or attending pl After this certifi e as the burial-in olith and Mental marked or Hem	VALUE OF THE NOTIFY MEDICAL INJURY OCCURRED ON THE NOTIFY MEDICAL INJURY OCCURRED ON THE NOTIFY MEDICAL INJURY OF THE NOTIFY MEDICAL	210. PLACE OF INJURY	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN hospital ar RECTOR. After the far use a ept. of Wealth them 21 is man	sow the decease above, (1) (we) di	ris hospital) ottended the Receosed from OCT Rive on MAR 24 19 83, (and the body of the death.	nd that in (my) (aux) apinion death	to <u>MAR . 24</u> , occurred on the date and hou	19 <u>83</u> , that (I) (we) last or and from the causes stated
0 8 0 90 =	22b. SIGNATURE	sof S/man N	PHYSICIAN DIE	EDICAL STAFF RECTOR PHYSICIAN	4/1/83
TO HOSPITAL retained by the TO FUNERAL should be det with the Store MAPORTANT:		B. DOMÁN		MILL RD. WHEAT	ON MD. 20906
BP	230. BURIAL, CREMATION, F BURIAL		F HEAVEN CEMETER	SILVER SPR	ING 3 MONT MO.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR FT 500 UNIV.BL	ANCIS J. COLLINS D.,W.,SILVER SPRING,MD.	20901 250. PAIS R	BBY REISTRAR 256, REGIST	TRAR'S SIGNATURE

10-15 P. sout to in the 20000 'ON BULLERY 'OU TIE SALLY 2007. WATER STATE

X	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL	HYGIENE	8 3 RE-	G , NO.	0 7	1 9	7 2
	1 DE	CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	20. E	ATE OF DEA	тн момтн	DAY	YEAR	2b. HOUR
death			SNES			- N	KING	MAI	RCH	2	1983	3	5:15A N
ter d	3 SE	X	3440	4 RACE		5 DATE (GE (IN YEARS LA	ST BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER 24 HRS
e Juice		MALE		CAUCASI	[AN	DEC	EMBER 23, 1		90		RS.		
Aliza	7a B	RTHPLACE (STATE OR F	DREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRIED	XXX BA	ALTIMORE CI	TY OR COU	INTY OF D	EATH	
FIF21		W YORK		USA		WIDOWI	DI DIVORCED	O M	ONTGOM			7 39	MD
90	SA	NDY SPRING	à	FRIENDS	S NURSING	HOME	OR OTHER INSTITUTION		USUAL OCCU			IL KIND OF	F BUSINESS OR
30	13a :	AL RESIDENCE (IF NUR: STATE Md.	136 COU	e other institution NTY tgomery	13c. CITY OR TO	WN	134. INSIDE CITY LIMIT	1 7	7340 Q	_{Ess} Juaker	Lan	d	20860
		THER'S NAME		WIDDLE	LAST	2	15. MOTHER'S MAIDE	NAME	MIDI	DLE	ME	LAST	
11/4/6		RANCIS VAS DECEASED EVER	INC. A.F.	ALED CORCECT	KINI IIII SOCIAL SEG		ANN 17 INFORMANT			DDRESS	MEA	AINY	
8 11	100 V	ES, NO OR UNKNOWN)		E WAR OR DATES)				20000		DUKESS			
14 1	_		-	m en	053-03-		IMEDICAL RE	CORDS				APPROXI	WATER DESIGNATION OF THE PARTY
hysu hous c eve		PART I. DEATH W	H (Enter of	nly ane cause pe ED BY:	r line toy (al, (b),	e and as	less. am	1			-	BETWEEN O	MATE INTERVAL
D I E		4860	IMMEDIA	TE CAUSE (a)	Gua	The same		- /				3/2	785
trans	>	1000		DUE TO, C	RAS DEONSEO	LLEGOF	ien					211	2/82
The Table		Canditians, if any gave rise to imi		1b)	,,,,,							77.6	1/03
0.0		cause (a), statis underlying cause		DUE TO, O	R AS A CONSEO	UENCE OF							
ped		2.07.0 07.150.00		(c)		2 25 4 74 4 44						101071	
to b	Z	PART 2 OTHER SIG	1 C	CONDITIONS C	200 A	LE MAD	NOT RELATED TO THE	TERMINAL	DISEASE OR	CONDITION	I GIVEN IN	I PART TO	, ,
it. The	CERTIFICATION	190 DATE OF OPERA	TION	TIN COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	70	a AUTOPSY?	120b. 1	F YES, WE	RE FINDIN	IGS USED
F 5 6	FF								ES T NO	INC			OF DEATH?
y ygir	E E	21a ACCIDENT WAS UN	DERLYING [7 216. TIME C	OF INJURY		121c HOW INJURY OF					OR PART 2)	
trans tral H Item		OR CONTRIBUTING		A.I.I.	M. MONTH		-						
Mental Mental	MEDICAL	(IF EITHER, NOTIFY MEDIC			OF INJURY	19	211 LOCATION						
s the bur th and N marked	ME	WHILE IN NOT W	HILE		REET, FACTORY, OFFIC	E, FARM, ETC.)	STREET		City	DETOWN	cc	YINUC	STATE
· · · · · · · · · · · · · · · · · · ·		AT TORK	,	A-D -Mandad M	4		7/2.3 10	75	3/2		100	3	that (1) (we) last
DIRECTOR hed for use Dept. of Hea If Item 21 is		22a.1 certify that (1) saw the deceas		1151	le deceased from	24	nd that in (my) (our) ap	union death	occurred on t	the date and	hour and		
REC d for ot. o		abaye (1) (we) (did) (did a	of view the body	after death.		DEGREE					22c DATE	
		TA.		Alle	Tt/		ATTENDI	NG ME	DICAL _	STAFF		2/	15
ERAL State C State C		221. PHYSIGIAN'S N		Leug	C 4 9-		PHYSICI.	AN DIR	ECTOR PI	HYSICIAN		2/2	111
TO FUNERAL should be detact with the State IMPORTANT:		/ /1		CHUENE		10	1814 1		Phily	/			2332
F # \$ €	230 Cr	BURIAL, CREMATION, SPECEY), EMATION	REMOVAL	March	3, 1988	Westv:	emetery or cremat Lew Memoria	1 Pk	Carton	ville	, Bat	Ľto.,	Md.
HMH-16 25M	24 F	JNERAL DIRECTOR			ADDRESS	23	250	IN THE	D. BY REGIST	LRAR 25b. RE	GISTRAR'S	SIGNATI	URE .
RA 15, 4) 1/79	Ha	rry H Wit:	zke 4	112 Col	umbiaRd	Ellico	ttCity	I BASSALI	27	" W"	my	200	·



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	3
	REG. NO.

	-	STATE REGISTRAR					CERTIF	ICATE O	F DEATH		8	REG. N	0.) /	7	1	3
		CEASED NAME	Lon	ırsı 1911		vid	Kin	AST	C M		2a DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR	
C	3. SE)	,	Hom	_	1 RACE	TV ICI	5. DATE O			-	1.105		3	14	83	1:50	141
Ĭ,	3. SE	Male			Whi	te	12		1893	R	6. AGE (IN YE	89	THDAY)	MONTH	DERT YEAR	HOURS	MIN.
3	7a B1	Virgin	ia	IGN .		S.A.	MARRIE WIDOWE		ER MARRIED DIVORCED		9 BALTIMOR M	ontgo	R COUN	TY OF D	EATH		MD
)	ty or town o Kensingt	on	9	Kensing	HOSPITAL, NURSIN HEACILITY, GIVE STREET A TON Garde	ns Nu	or OTHER	Home	e e	TYPE OF WORK	FOR MOST C		Steen St	b. KIND O IDUSTRY eami	f BUSINES	SSOR
5	Ma	aryland	IF NURSING	font	other institution TY gomery	Rockville	ADMISSION)	13d INISTE	NO [13e. STREET A 571	DDRESS 7 Sti	llwe	ll Ro	oad	208.	51
7	14 FA	James			ston	LAST	975		ER'S MAIDE	ENNAM	Ε	WIDDLE		TIC	owlet	4	
_	16a V	VAS DECEASED				King	DITY NIO	17 INFOR				ADDRE	e c	HC	wier	L	
		Yes, NO OR UNKNOW			WAR OR DATES)	233_12_76			zin E	Kin	or Sa	me_a		m 12	20		
			DEATH			line far (a), (b), and		LINIZIT	THE PAGE	17111	SOa_	me a	S II.E.			MATE INTERV	VAL
		PART I. DEA	TH WAS	CAUSED	BY: E CAUSE (a)	SEPTIC									ONE		JE AIR
	100	038	9	WEDIAH		R AS A CONSEQUE										2.59	
		Conditions, if gave rise to	immedi	ote	(b)							-					
		underlying		ost.	DUE TO, OF	R AS A CONSEQUE	NCE OF										
	7					ONTRIBUTING TO D			0.1						PART 1/c		
	10					ATN SYN			ros	7 1	Rescus						50
7	MEDICAL CERTIFICATION	190 DATE OF O	PERATION	7	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PE	₹FORMED		20a AUTOI	PSY?	IN CER	YES, WER	CAUSES	OF DEATH	H?
	E E	21a. ACCIDENT W			216 TIME O			21c. HOV	/ INJURY O	CCURRE	D (ENTER NAT				R PART 2)		
1	IA.	OR CONTRIBUTING			TI .	M. MONTH DA M	Y YEAR										
	EDIC	21d. INJURY OC			21e PLACE C	OF INJURY		21f LOC	ATION			CITY OR TO			OUNTY		
	8	AT WORK	NOT WHILE		(AT HOME, STR	EET, FACTORY, OFFICE FA	RM ETC)	1	KEEI			CITORIO	1	- (DONT	511	ATE
1						e deceased from	2	83	19_	F2	_, to	3	14	. 19 d	3.	that (16)	lost
		sow the de above, (1) (eceased a	did no	I view the body	ofter death.			ny) (our) op	pinion de	eath occurred	on the do	ote and h	our and	from the c	ouses stat	ted
	4	226. SIGNATUR	E	_	he.	. 0		DEGREE	ATTENDI	ING C	MEDICAL DIRECTOR	STAF	F C	2	3/19	FIGNED	
-		22d PHYSICIAN	I'S NAME	TYPE OR	PRINT	The same		22e ADD		-	FAR			are			
		MAR	712	C	SHA	FREEL					1001				208	95	Tu
	23a B	URIAL, CREMAT	ION, REN	IAVO	23b. DATE	23c N	AME OF C	EMETERY	OR CREMAT	ORY	23d. LOCAT	ION					

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 3-16-83 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc.

Oakwood Cemetery

23d. LOCATION
Pulaski

Virginia

1331 Rockville Pike Rockville, Md. 20852

4. . It was as yes country the state of the country of the state of the country of The same and the same of ALLEY DE THE STATE OF E 10-00 MAR 1 1-882 | 2 COLUMN CALDU

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH TYPE OR PRINTS Louis Knoedler March 10. & AGE [IN YEARS LAST BIRTHDAY] 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR 1903 Caucasian March 80 Male TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kentucky WIDOWED DIVORCED Montgomerv ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Takoma Park 309 Cedar Avenue Importer-Wholesale Gift USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 136. CITY OR TOWN Florida Sarasota NO Sarasota Mobile Home Sarasota A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Louis Knoedler Mae Stanhope Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT rank St. 07801 [IF YES, GIVE WAR OR DATES] 059-12-0001 Karl P. Knoedler-18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) Enciro MA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOT YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d INJURY OCCURRED 21s. PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) this hospital) attended the and that in (my) our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on V 1000 S 226. SIGNATURE DEGREE ATTENDING MEDICAL should be deto with the Stote PHYSICIAN. DIRECTOR PHYSICIAN 224 PHYSIC AN'S NAME (TYPE OR PEN Benjamin Avruhin, M.D. 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE St. Mary's Dover, Morris Co., 3/12/83 Burial Carroll St.NW. 250. DATE REC'D. BY REGISTRAF REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Takoma Funeral Home, Washington, D. C. 20012 (VRA 15, 4)

Polis Eucl Of dores velscons s sivol GB EUCL. : Comp militario elle noith white tody-reduced theorem amount as on the difference . Torida Caracota Caracota w Guescata Monthe Hot Caracota Louts 5. Knoedler Anna Mas Svanhope 19 Prone 38. 07801 059-12-7001 Marl P. Micoedlar Mine Hill. M.J. M. to Title Green and John M. Market and Service Benjamin Avronin. M.D. Sweeter 3/12/85 St. Darg's Dover, Torrils Co., 31. J. Island Jungral Motor Vanhington, D. C. 20012 United

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN 20. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED CHESTER KOZTOSKI 03/07/83 8:40 2d. HOUR 4. RACE 5. DATE OF BIRTH . SEX & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HR DATE PRONOUNCED 24 male caus. 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY Montgomery U.S.A WEST VIRGINIA WIDOWED USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Cross Hospital MOVING Spring 13d. INSIDE CITY LIMITS? 13787250 Meadow Hill Rd .20901 Montgomery 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ANDRESKI VICTORIA WALTER ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ELEANORE KOZTOSKI, SAME AS 13, WIFE YES 193-16-6024 WW 11 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 6 TO BUR YES NO K ARDED TO THE CHACE 3 SHOULD BE LATE DEPARTMENT C 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERINATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 TE PLACE OF INJURY (AT HOME, 211. LOCATION STREET CITY OR TOWN COUNTY STATE WHILE AT WORK NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held on ond in my opinion death resulted from: Natural couses Accident Hamicide Undetermined manner EXECUTE THE CERT
PAGE 4 SHOULD F
TO FUNERAL DIRE
AFTER DEATH, WIT
BALTIMORE, MARY TITLE (SPECIFY) SIGNED ZUCK F19K3 EXAMINER'S NAME JOHN S. ROGERS 1919 SEMINARY ROAD, SILVER SPRING, MD ADDRES 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 3/11/83 GATE OF HEAVEN SILVER SPRING MD BURTAL 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 25e. DATE REC'D. DHMH 17 500 UNIV. BLVD. . W. . SILVER SPRING, MD. 20901 (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			EKIII	ICAIE OF DEAT	Н	REG. NO.		
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	3. SEX	- Lizabi	1. RACE	15	DATE O	E BIRTH	6.	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	J. JEA	Female	White		10		98	84 YRS	MONTHS DAYS	HOURS MIN.
12		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH			NEVER MARRI	ED 🔟	BALTIMORE CITY OR COUN		
_	10 61	Pa.	U.S.		VIDOWE	D NORCE		Montgomery Cot		MD.
3		ockville	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADD		+ Hospita		Type of work for most of working Homemaker		OF BUSINESS OR
3	USUA 13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b. COL	JNTY 13	L CITY OR TOWN	MISSION)	13d. INSIDE CITY LIA		e. STREET ADDRESS		
		Md.	jKı	noxville		YES NO		3312 Carlisle	Drive	20878
0		THER'S NAME FIRST George	MIDDLE H.	Walter		15. MOTHER'S MAID FIRST Susan	DEN NAME	MIDDLE	Kilgore	
-		AS DECEASED EVER IN U.S. A		SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS	KIIGOI	=
		ES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	208-01-32			er C.	Kraber (Same	as #13.)
		18. CAUSE OF DEATH (Enter of	only one couse per in	e for (a), (by, and (a	1.1 1				BETWEEN	MATE INTERVAL ONSET AND DEATH
-		PART I. DEATH WAS CAUS	ATE CAUSE (D)	erchion	ril	mount	ave	T	10	minus of
		4100		S A CONSEQUENC	TE OF				Alle District	0-
		Conditions, if any, which	(b) X C	ut ne	lin	may gol	ans		50	roup.
		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR A	S A CONSEQUENCE	CE OF	aca dir	jung	andrin.	50	Lays.
	7	PART 2 OTHER SIGNIFICANA	CONDITIONS CON	TRIBUTING TO DEA	ATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CONDITION (GIVEN IN PART Y	0.
	O	Corner art	wiospleros	15-72	el or	ous ryge	Berdi	al sufaretra	Bours	work -
9	ICATION	190 DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OF	PERATIO	N WAS PERFORMED		20a AUTOPSY? 20b. IF	YES WERE FINDING CAUSES	
1	CERTIFI							YES NO	YES 🗌	NO 🗌
9	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	EATH HOUR A.M.	MONTH DAY	YEAR	ZIC HOW INJURY	OCCURRED	O (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF			21f. LOCATION		CITY OR TOWN	COUNTY	STATE
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET,	FACTORY, OFFICE, FARM	A, ETC)	STREET	0-	CHYGRIOWN	CO	STATE
		220.1 certify that (I) (this has	pital) attended the d	eceased from	7	. 19.	03	, 10 26	19 23	that (I) (we) last
		saw the deceased alive a above, (I) (we) (did) (did)	not) view the body oft	er death.	2, or	d that in (my) (our)	opinion de	oth occurred on the date and h	nour and from the	couses stated
u.		22b. SIGNATURE	10	0000		DEGREE			22c. DATE	SIGNED
		jui	are,	Jack Ce		40 . ATTENI	CIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/1	1/83
		RUBEN	COS	CA, h	00	175291	REDU	NO PO. DEN	1000 40	1. 285
		URIAL, CREMATION, REMOVA	L 23b. DATE	23t. NA/	ME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION	COUNTY	STATE
	(Removal	3/7/83					CIIT OK IOWN	COUNTY	SIAIE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

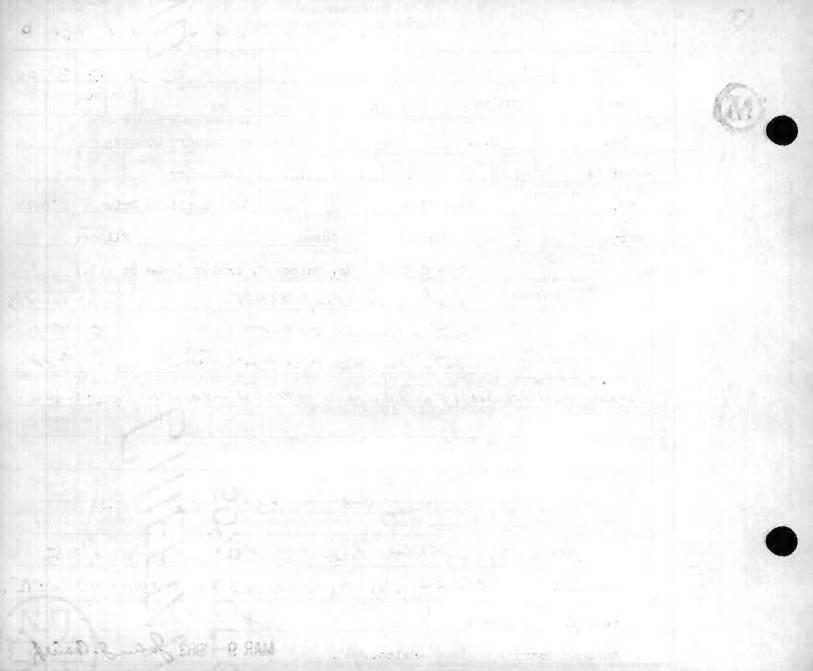
MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather traumatic event, the medical exami

should be detached for use as the burial-transit permit. Then please remove corbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

24 FUNERAL DIRECTOR Anatomy Board

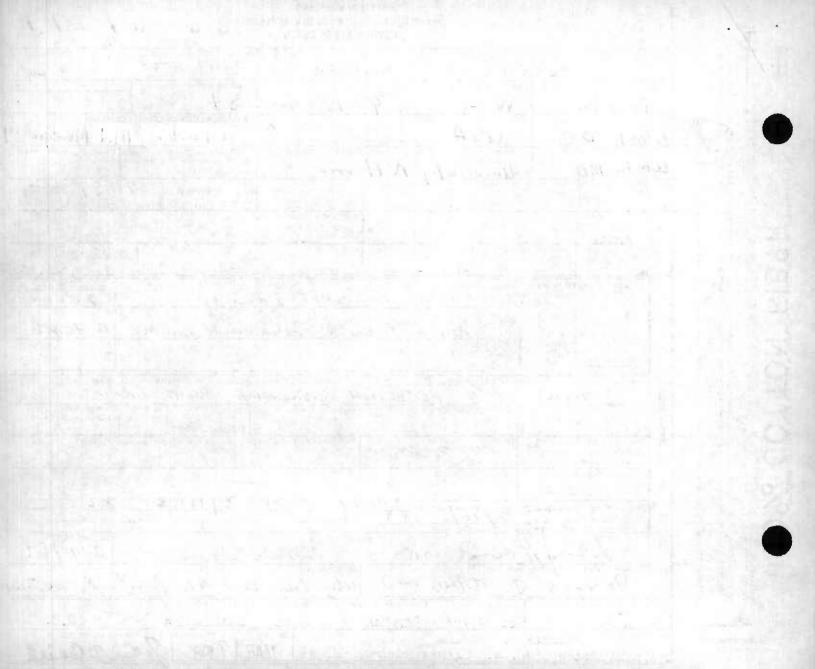
Balto., Md.

NAR 9 1983 John Stranger



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	0/		REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.	
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	ctor s of	100	Female	White	MONT Q	15 98	84 YRS	MONTHS DAYS HOURS MIN.
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	e living	L	ash. P.C.	USH	WIDOW			I Islamigem MD.
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₹	at Alan Alan Alan Alan Alan Alan Alan Alan	14. FA	THER'S NAME FIRST	WIDDIE	LAST	15. MOTHER'S MAIDEN	WIOOFE	LAST
MARYLAND	P du O		Androw		Kramer	Marga	ret E.	Hess
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ALTIMORE,	Page	()		YES, GIVE WAR OR DATES)	1 10 1466		Chimat Ham Bath	t Richeu. Fla. 33552
È	d io is		No		7-10-1488	Dorothy L.	Grimes New Por	
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3	there e re	15	couse (a), stating underlying couse to		CONSEQUENCE OF			
201	tho d b leas			(c)				
	gne bur ry,	-	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE I	TERMINAL DISEASE OR CONDITION	
S C	The The injury	ō	STATE	is POST	REJECTIO	ON CARCII	Noma RIGHT 15	REIXT
RECORDS	Dany Dario	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION I	FOR WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED
2	Te pe	F		Carl La VAPAU			YES NOT IN CER	RTIFYING CAUSES, OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
IA	spirit in the spirit	ERT	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJU	IRY	21r HOW IN JURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM	
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0	Sic.	8	(IF EITHER NOTIFY MEDICALE)		19	STATE OF THE REAL PROPERTY.		
DIVISION OF VITAL	HY ndir	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJ	TORY OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
VIS	G P offer the sthe	>	AT WORK AT WORK	L. TATTOME, STREET, FAC	TON DIFFICE, PARM, ETC.)			
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	THE SE					nd that in (my) (eur) only	nion death occurred on the date and h	
	ATT DSP d fc d fc m 2	-	obove, (I) (We) (did)/	didnet view the body ofter o	leoth.			
	OR be he	100	22b. SIGNATURE	1/4.	_	DEGREE	C. MEDICAL STAFF	224. DATE SIGNED
	RAL I deto deto		1200	111 and	cms.	PHYSICIA	MEDICAL STAFF	3/11/83
	Ste Ste		22d PHYSICIAN'S NAME	(1104 CH PRINT)		22e ADDRESS		
	or and		DENMI	c of HA	us und	1600 (00	2. ave. N.W. La	whent DC James
10-50	TO HOSPITAL retained by t TO FUNERAL should be det with the State IMPORTANT:	22			122, 21, 22	THE COMP		1
0,00	4449	230. 8	URIAL, CREMATION, REM			EMETERY OR CREMATO	CITY OR TOWN	COUNTY
91	BP		Burial	Mar. 14.198	83 St. Mar	y's Cemeter		D.C.
	DHMH-16 30M 2/80	24 FL	INERAL DIRECTOR Fran	ncis J. Collin	VS ADDRESS	250.	DATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
	(VRA 15, 4)	500	University	Blud. W. Sil	ever Spring	. Md.	MAR 1 / 1983 /	an & Carried
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ROCKVILLE PK. ADROCKVILLE MD.

DANZANSKY-GOLDBERG MEMORIAL CHAPELS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

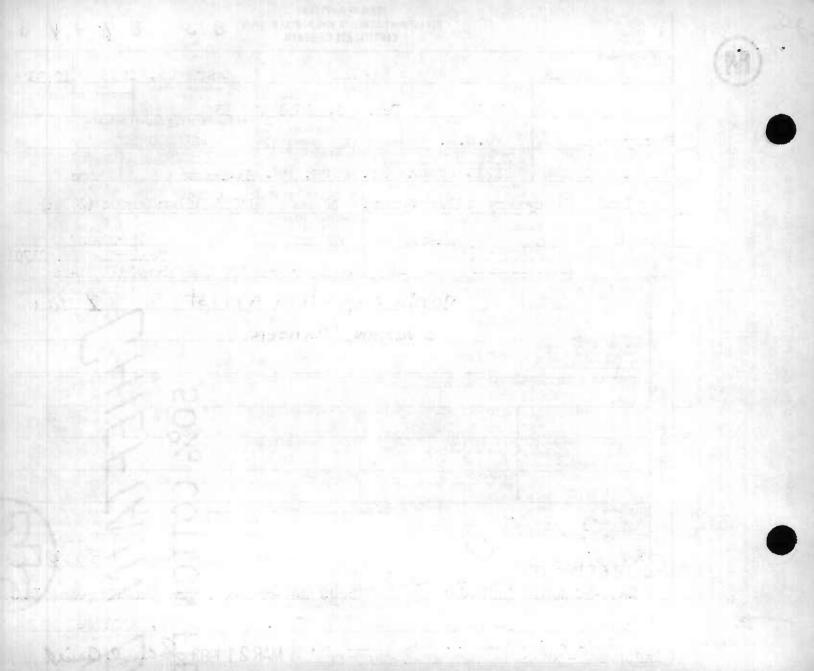
CERTIFICATE OF DEATH

FOR

- STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

REGISTRAR



1 /		OR			DEPARTMEN	STATE OF NT OF HEALT			GIENE	0	-7	0 7	Ö
/	F	REGISTRAR		ME		AMINER'S	CERTIFIC	CATE OF	DEATH O	REG. NO.		7 1	7
2848FX		CEASED NAM OR PRINT)	E FIRST	9	C.	K	/le		Or Or	MATED [MONTH DA	19 83	2b. HOUR
	3 SEX Fe	male	4. RACE Cauca	5. DATE OF BIRTH MONTH DAY Dec. 7.	YEAR L	GE (IN YEARS IF U	NDER I YR.	IF UNDER 24	4 HRS. 2t. DATE MIN. PRONOUN DEAD		MONTH D	19 83	24 HOUR 3:30 p. M
- 136	7a. BIR	THPLACE (S BEIGN COUNTRY) aryland		76 CITIZEN OF WE	HAT COUNTRY?			VER MARRIED		qomery		F DEATH	p.m
O THE FL PAGE 5 SE FILED, S. 201 W	10. CIT	y OR TOWN ockvil	OF DEATH	IT NAME OF HOS	PITAL, NURSIN	G HOME, OR OT	HER INSTITU		2a. USUAL OCCUP FOR MOST OF WORK None	ATION (TYPE OF	F WORK 126	KIND OF BUSTR OR INDUSTR None	SINESS
IE, MD. 21201 ATH. IF ANY DELAY IS SS. 1, 2, AND 3 TO THE PM. 3. REFAIN PAGE ND 2 SHOULD BE FILE WITAL RECORDS, 2001	13q ST		(IF IN NURSING HOME OF MILE COUN MONT &	or other institution, Gi ity comery	I3c. CITY OR T German	RE ADMISSION) TOWN TOWN	13d. INSIDE C	ITY LIMITS?	19041 Wa	208 rrior I	874 Brook	Drive	
EATH. IF	T4. FA	ther's NAMI Charl	Les	David	Kylest			ER'S MAIDEN Ellen	NAME	DOLE	Barab	as	
F., BALTIMORE, M URS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM IT. PAGES 1 AND 2, DIVISION OF WITH	I 6a. W	'AS DECEASE S, NO, OR UNKNO	D EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	None	SECURITY NO.	Charl	1	Tather vid Kyle	ADDRESS Same as	s item	13	
201 W. PRESTON S: UTED WITHIN 24 HO IN PENCIL IN ITEM 1 EXAMINER ALONG RIAL TRANSIT PERM OMENTAL HYGIENE ON, OR REMOVAL.		Conditia gave ri cause (o lying cou	ns, if ony, which se ta immediate) stating the <u>under-</u> use last.	TE CAUSE (a). DUE TO, OR	AS A CONSEQ	UENCE OF						etween onset	AND DEATH
BIVISION OF VITAL RECORDS, SCERTIFICATE SHOULD BE EXEC RITING THE WORD "FENDING" RDED TO THE CHIEF MEDICAL FET SHOULD BE USED AS A BUJ FET SPEARTMENT OF HEATH A MOIL OF HEATH	CERTIFICATION	19a DATE OF	OPERATION	196. CONDI	TION FOR WHIC	CH OPERATION V	WAS PERFOR	MED?			20	D AUTOPSY?	NO []
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EAAAE	MEDICAL	WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT ORY, FARM, ETC.)	HOME, 21f LO	OCATION STREET		CITY OR TOW	N	COUNTY		STATE
AL EXAMINE THE CERTIFICA HHOUED BE FO ALL DIRECTO ATH, WITH TH RE, MARYLAN		22a I certi deoth result ACTUAL SIGNATURE		ge of the remains des	Acadent	A Suicide L	, Homic	Inspection cide , , , , , , , , , , , , , , , , , , ,	Undetermined mon	nner,	n my apiniar DATE SIGNED	3-12-8	33
TO MEDIC EXECUTE 1 PAGE 4 S TO FUNEI BAFTER DE		EXAMINER'S (TYPE OR PRI		ennis F. S			_ADDRESS			001		ore,Ma	rylan
BP	{SF	Burial		23b. DATE March 14,1983	St. N	of CEMETERY (emeter		Barnesvi				ATE
DHMH - 17 (VR A15 ME (5)) 20M 4/B2	24 FU			A. PUMPHI		ERAL HOM	ES,	MAR	c'd. by registrat 1 7 198 3	255-REGISTI	RAR'S SIGN	ATURE,	(

	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE O	7 0	8 0
1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 7	a y
	OP DRINITI	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
,,,,,	ROSE		LAPKOFF			1:05p.m
3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Female	White	Dec. 16, 1906	76 YRS.		
a. BIF	CHINTRY		MARRIED NEVER MARRIED			
			WIDOWED TO DIVORCED			MD.
		LIF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
USUA 13a. S	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)			70403
laı	yland Mor		Spg. YESXX NO	1514 Oakvi	.ew Dri	ve
4. FA	THER'S NAME FIRST	MIDDLE LAST			LAS	51
	Hyman			a	Pan	ar
6a. W	AS DECEASED EVER IN U.S.	CIVE WAR OR DATES				
	No -	577-4	8-1697 Charles S	chwartz; 8516		
	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b)	ondicin 11 f			MATE INTERVAL ONSET AND DEATH
			outic Mietastas	25	6	mos,
	1002	DUE TO, OR A A CONSE	OUENCE OF	o Color	10/	1- 1160
	Conditions, if any, which	(b) Hoen	carcinoma o	f Colon	1	2910.
	cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF			
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IFIC						OF DEATH?
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		DEATH				
EDIC	21d INJURY OCCURRED	21e, PLACE OF INJURY	21f. LOCATION	C10 OB 1011/A	COLINITY	STATE
¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC) STREET	CITY OW IOWN	COUNT	STATE
		cortal) attended the deceased fro	m 541) 19 81	10 3/3/	19.83	that (I) (and) last
	saw the deceased alive	9n 3/20 1	9 83, and that in (my) (aur) opinion	death accurred on the date and ho	our and from the	causes stated
	22b. SIGNATUT	not view the body after death.	DEGREE		22c DATE	SIGNED
		56.00	ATTENDING	MEDICAL STAFF	4_1	-83
	22d PHYSICIAN'S NAME (TY		27e ADDRESS	DIRECTOR DITTIONATE	1 1-1-7	-03
			. 8630 Fen	ton St., Sil.	Spg.,	Md.
23a. B	IRIAL CREMATION REMOV					
(Burial		B'nai Israel Ceman	Oxorn Hille Ma	may land	STATE
24. FL	NERAL DIRECTOR		Rockville, Md. Md.	TERECO. NY MEGIS WAR 254 REGIS	AR'S SIGNA	LIB
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	WEDICAL CERTIFICATION WEDICAL CERTIFICATION	Temale Temale	REGISTRAR DECEASED NAME ROSE SEX Female SEX Female OBIRTHPLACE (STATE OR FORE-GIN COUNTRY) RUSSIA OCITY OR TOWN OF DEATH SILVER SPRING SILVER SPRING SILVER SPRING SILVER SPRING SOLUTION OF DEATH SOLUTION OF DEA	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH DECASED NAME (1795 CORRENT) ROSE LAPKOFF I. SEX Female BISTHPLACE (STATE OF FOREIGN COUNTRY) NOW DECASED NAME (1795 CORRENT) II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT PORT DOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT PORT SUCH FACILITY CORRENT) JULIA RESIDENCE (# POREIGN COUNTRY) JULIA RESIDENCE (# JULIA RESIDENCE COUNTRY) JULIA RESIDENCE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEGS. NO. DECEASED NAME I FAST ROSE LAPKOFF March 31, 19 1. SAN TO BEATH MACH MARCH 31, 19 BEGS. NO. LAPKOFF March 31, 19 1. SAN TO BEATH MACH MARCH 31, 19 BEGS. NO. DECEASED NAME I FAST ROSE LAPKOFF March 31, 19 1. SAN TO BEATH MACH 31, 19 BEGS. NO. DECEASED NAME I FAST ROSE LAPKOFF March 31, 19 BEGS. NO. DECEASED NAME I FAST ROSE LAPKOFF March 31, 19 BALTIMOSE MARCH MACH AND MARCH MACH MACH MACH MACH MACH MACH MACH MA	DEPARTMENT OF HALTH AND MINTAL HYGENE CERTIFICATE OF DEATH ROSE LAPKOFF March 31, 1983 S. SEK Female B. BRILDPRACE (STANDARO MARCH 1983) B. BRILDPRACE (STANDARO MARCH 1984) B. BRILDPRACE

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1	2	11.	FOR - STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 8 3	07931
	10	L	REGISTRAR	Harry Control	CERTIFICATE OF DEATH	REG. NO	
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	decort of the state of the stat		SWEDEN	· USA	WIDOWED DIVORCED	MONTGOM	
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ORE	Poges medico			MED FORCES? 166 SOCIAL SECU		ADDRES	1 2 4.5
TIM	9 04 0		NO NI	DNE 051-24	-7358 PATRICIA L.	JOHNSON (DA	UGHTER) SAME AS#13.
BAI	hysici poper lovol.		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), on	dires.)		BETWEEN ONSET AND DEATH
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05,2	sign hen p o bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 116
RECORDS	w red been arit. I	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
. RE	n. nos bern ne p	FF				YES NO NO	IN CERTIFYING CAUSES OF DEATH?
ITAI	sicio Sicio Orte II	ERT	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	
JF V	SICIAN: T ng physici certificate		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
DIVISION OF VIT	A P S J S A	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	218 PLACE OF INJURY	211 LOCATION		
VISIO		X	WHILE NOT WHILE D	(AT HOME, STREET, PACTORY, OFFICE F	ARM ETC) STREET	CITY OR TOW	N COUNTY STATE
۵	Z + S + S			ital) attended the deceased from_	MARCH 20 19 83	10 MARCH 28	3 19 83 that (I) (we) last
D S	TOR: /		sow the deceased alive or	MARCH 28 19	83 and that in (my) (our) opinion	death occurred on the dat	te and hour and from the couses stated
	REC Hed		226. SIGNATURE	view the body offer deoffi.	DEGREE		22c. DATE SIGNED
	7 4 7 4 9 7		2/ Leiler	Yeld LTV	MC VSter ATTENDING	MEDICAL STAFF	MARCH 29 1983
	AN Sto		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS NAVAL	HOSPITAL, N	AVAL MEDICAL COMMAND,
	HOS Puld The The Policy of the		H. L. REED, I	T, MC, USNR	NATIONAL CAP	PITAL REGION,	BETHESDA, MD 20814
	5 5 5 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	BP		CREMATION!	E This work had a second	FLAR HUL CRAMATORI		PG.CO. NARULAND
		24 F	UNERAL DIRECTOR	11.00	25a. DA	TE REC'D. BY REGISTRAR ?	Sh DEGISTRAR'S SIGNATURE
	(VRA 15, 4)	C	HAMBERS FUNERA	2 HOME SILVERS	SPRING MD.	APR 4 1983	John & Camiel
	hosp hosp hosp hosp heept.		obove, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE of H. L. REED, I BURIAL, CREMATION, REMOVAL (SPECIFY) CHAMPION UNERAL DIRECTOR NAME	T, MC, USNR 23b. DATE NAPPLH 30, 1983 ADDRESS	DEGREE ATTENDING PHYSICIAN 220 ADDRESS NAVAL NATIONAL CAP VAME OF CEMETERY OR CREMATORY EDAR HUL CREMATORY 250. DA	MEDICAL STAFF DIRECTOR PHYSICI HOSPITAL, NO PITAL REGION, 138. LOCATION CITY OF TOWN SUITAND TE REC'D. BY REGISTRAP	PG. CO. MARYUAND

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REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

Shaffer Mrs. Mary Lou Kuhlman - as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE §3_, and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated 22c. DATE SIGNED 3-29-5= Savage, Allegany Burial 04/01/83 Savage Meth. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR HJohn J. Hafer, Jr. LaVale, MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

IF UNDER 1 YEAR

INDUSTRY

IF UNDER 24 HRS

17b. KIND OF BUSINESS OR

Home

20. DATE OF DEATH

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Demaine Funeral Homes, Inc., Alex., Va. 22314

DHMH - 16 50M 4/82

(VRA 15, 4)

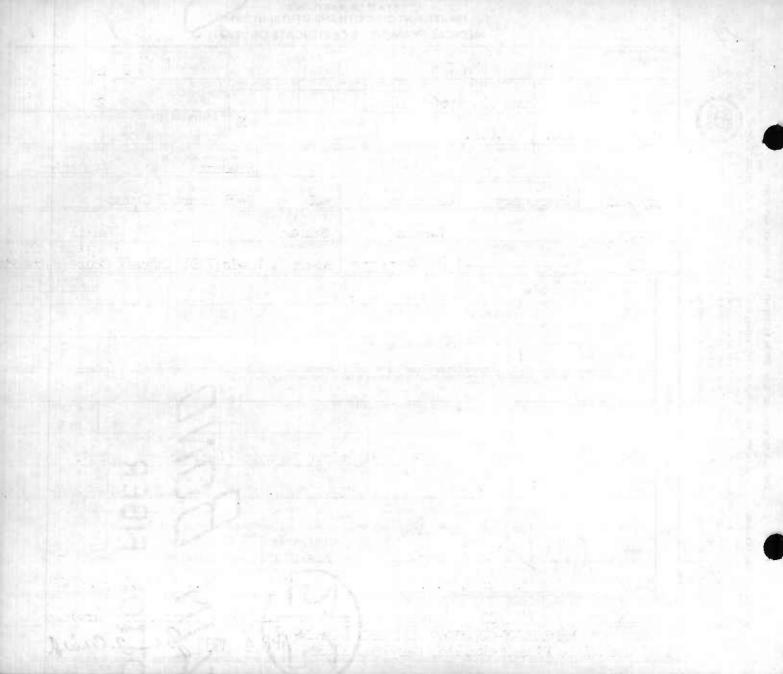
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	1.	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	YGIENE (%)	0 9	0 53
U	11-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0/7	0 3
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rer o	3. SE	<	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		FUNDER 24 HRS
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「漢川家」		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED		R COUNTY OF DEATH	
102		aryland TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED [Montgo		
話 動		7	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	(TYPE OF WORK FOR MOST O	FWORKING LIFE) INDUSTRY	
14 4	USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	General Hospita		208	160
图 10	130. 3			Springes NO NO		orwood Road	
2 sh	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST	
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S. Po		NO NO OR UNKNOWN) (IF YES, C	218-30	-3291 Louise Ma	atthews (Si	ster) S. Sp	ring,
aper aper avol. nt, th	EM	18. CAUSE OF DEATH (Enter	only one couse per line for (0) (b) (SED BY:	and (ci.)		APPROXIMA BETWEEN ON	TE INTERVAL
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The The rinjur	CERTIFICATION	1 maral to	ship - !	propore suitables	1 ympama		
e prior	S S	190 DATE OF OPERATION	IN CONDITION FOR WHIC	H OPERATION WAS PERFORMED	AUTOPSY?	106. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S USED F DEATH?
te horizing program show	1 2	21g. ACCIDENT WAS UNDERLYING	215. TIME OF INJURY	1212 HOW INTURY OCC	URRED (ENTER NATURE OF INJUR	YES 🔽	ио 🗆
18 H		OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH	DAY YEAR	ORRED (ENTER NATURE OF INJUR	TYIN IEM IS PART I ORPART 2)	
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the to	NE NE	WHILE IT NOT WHILE IT	AT HOME, STREET, FACTORY, OFFICE		CITY OR TO	WN COUNTY	STATE
Afte olth mork			spiral) ottended the deceased from	1214	to 3/1	1985 the	ot (IT (we) lost
or us		. (1)	on 19		on death occurred on the do	te and hour and from the co	uses stated
REC ped f		225. SIGNATURE	eat) view the body after death,	DEGREE		224 DATE SH	WED
NERAL DIRE	10	11	MANT	ATTENDING PHYSICIAN	MEDICAL STAF	IAN D	183
Pe Sto		224 PHYSICIAN'S NAME (THE	OR RINT)	220. ADDRESS	T. T.	Lan. Th	5,044
프로 &		Dr. Charle	s H. Ligon	1811125	will Til.	10/14	CURRS
O de M	23a. E	URIAL, CREMATION, REMOVA	AL 236. DATE 236	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	COLATA	CTAYE
1 1 6	0	Burial		sh Memorial Cer			
16 50M 4/B2	24. F	INERAL DIRECTOR	246 N	. Wash. Street	ALEREC D. BY REGISTRAR	256 REGISTRAR'S SIGNATUE	E : 1
BP	24. F	Burial	3-8-83 P		n. Sandy	Spring, Mo	

19 5 - and shipper with a light continue CHANGE NO FINE 1775 400 mules, 100 miles 9 491 751

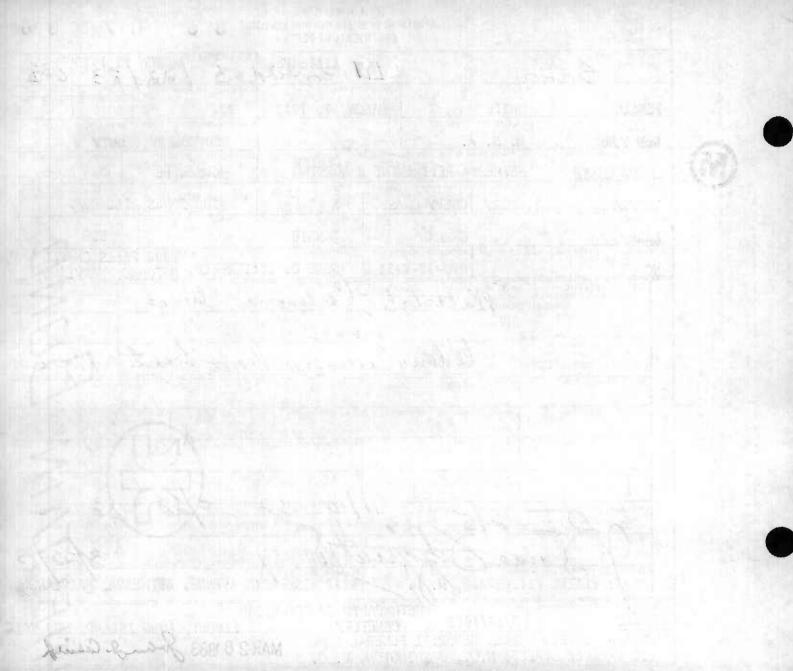
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3. SEX Male	White	5. DATE OF BIRTH	YEAR LAST BIR	THDAY) MONTH			PRONOUNCED DEAD	MONTH 3	28 10.83	2d. HOUR 9:25
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IO. CITY OR TOW	OF DEATH				IER INSTITUTION	1 120. USU	AL OCCUPATION	(TYPE OF WORK	1)26 KIND OF B	USINESS
Beth	esda	Suburbar	n Hospital			Stuc	lent		Education	
13a. STATE	13b. COUN	ITY	13c CITY OR TOW			MITS? 13e STRE	EET ADDRESS		2081	7
		gomery	Bethesda				Indraft	Court	200	/
FIRST	ΛE	MIDDLE	LAST				MIDDLE		Tab 1	
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	OF DEATH (Enter an	ly ane cause per line	far (a), (b), and (c),)		Dubarr	. LCVVII	7,7 402 221	a. a. i	APPROXIMA	TE INTERVAL
PARTI	DEATH WAS CAUSE	D BY:			es				BETWEEN ONS	ET AND DEATH
1 81	50									
		(b)								
cause (a) stating the under-	DUE TO, OR	AS A CONSEQUEN	CE OF						-27 (1)
		(c)								
	SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATN I	BUT NOT RELATED TO THE	TERMINAL DISEAS	E DR CONDITION GIVI	EN IN PART I :0	16.1			
190. DATE C	F OPERATION	196 CONDIT	ION FOR WHICH O	PERATION W	AS PERFORMED)?			20 AUTOPS	(?
TIFIC									YES 🗶	NO 🗌
2) o. EXTERN	and the same of th	1) TIME OF	MONTH DAY Y	EAR 21c. H						
CONTRIBU	TING CAUSE OF	DEATH 7:30 P.M	. 3-28- 19	83 Dr		n auto/f	ixed obje	ect im	pact.	
WHILE		STREET, FACT	ORY, FARM, ETC.)		STREET		CITY OR TOWN			STATE
AT WORK	AT WORK	roa	ad			Rd. near	Bethes	daM	lontgomer	y Md.
22a. I ce	tify that I taak charg	ge of the remains des	5			spectian .	Inquiry .	and in my	apınıan	
death resu	ilted frain: Natu	ral causes ,	Accident X,	Suicide	, Hamicide	Undete	ermined manner			
ACTUAL	MA	ILKAN	1					DATI	E 7 00 0	7
SIGNATUR	MVV	YUYU	-	M	.D. ASSIST	ant_medi	ICAL EXAMINER	SIGN	NED 3-29-8	52
(TYPE OR P	RINT) /ATTT		, M.D.		ADDRESS1			lto.,	Md. 2120	1
230. BURIAL, CREM	ATION, REMOVAL	23b. DATE				23d. LO	CATION	со	YINUC	STATE
	CTOD	3/31/83	Judean	Memor	ial Gar	dens 01r	ney;Montg	omery;	Marylan	<u>d</u>
NAME	DANZA	MSKY-GOLL	BERG MEMO	RIAL C	HAPELS	PR 4	1083	C. 2	CALL	
11/0 Roc	ckville P:	lke;Rockvi	lle, Mary	rand 2	.0852 1	T	1000 1	-U		
	REGISTRAR 1. DECEASED NA/ (TYPE OR PRINT) 3. SEX Male 7. BIRTHPLACE YOREGIN COUNTRY WASHINGT 10. CITY OR TOWN Be the USUAL RESIDENC 130. STATE Marylanc 14. FATHER'S NA Harry 160. WAS DECEAS (YES, NO OR UNKN NO 18. CAUSE PART 12 Conditing gave couse (1- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE Male 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D.C. 10. CITY OR TOWN OF DEATH Bethesda USUAL RESIDENCE (IF IN NURSING HOME OF 130. STATE HARTY 14. FATHER'S NAME HARTY 160. WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE NO 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE ON OR UNKNOWN) 190. DATE OF OPERATION 190. DATE OF OPERATION 1910. DATE OF OPERATION 1910. DATE OF OPERATION 1910. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING CAUSE OF 210. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that I toak chare death resulted from: Natural EXAMINER'S NAME (SPECIFY) BUTIAL 214. FUNERAL 225. REMINER'S NAME (SPECIFY) BUTIAL 226. FUNERAL 227. REMINER'S NAME EXAMINER'S NAME (SPECIFY) BUTIAL 228. BURIAL 229. REMINER'S NAME EXAMINER'S NAME (SPECIFY) BUTIAL 224. FUNERAL CAPACITY DANZA AND CAPACITY DANZA DANZA	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) DAVID MA 3. SEX Male White June 13, 76. BIRTHPLACE (STATE OR FOREY) Washington, D.C. U.S.A. 10. CITY OR TOWN OF DEATH Bethesda USUAL RESIDENCE (IF IN INJURSING HOME OR OTHER INSTITUTION, GR. 136. STATE Waryland Montgomery 14. FATHER'S NAME FIRST MODLE Harry 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter only one cause per line PART 1 DEATH WAS CAUSED BY: Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH IN UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH IN UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH IN UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH IN UNDERLYING AUSE OF DEATH 7: 30 P.M. 210. EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH IN UNDERLYING AUSE OF DEATH 7: 30 P.M. 210. I certify that I took charge of the remains desided the resulted from: Natural causes 210. Time of Poperation Contributions Contributions desided the sulted from: Natural causes 210. Time OF OPERATION CONTRIBUTING TO DEATH IN UNDERLYING CONTRIBUTION CONT	The STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) DAVID MART IN 3. SEX Male White June 13, 1966 A. AGE IN LAST IN 16. AGE IN LAST IN MARE Male White June 13, 1966 Mart IN June	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S COLOR REGISTRAR I. DECEASED NAME (TYPE OR PRINT) DAVID MARTIN 3. SEX A RACE Male White JAN 1966 A AGE IN YEARS LAST BRITHPLACE INTAR OR FROST WASHINGTON, D.C. U.S.A. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER HISTORY OF STREET, ACCIUTY, ONE STREET ADDRESS, ON STREET, ACCIUTY, ONE STREET, ACCIUTY, AND STREET,	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICA	DEPARTMENT OF HEALTH AND MENTAL HYGIEN MEDICAL EXAMINER'S CERTIFICATE OF DEA LOCEASED NAME (TYPE OR PRINT) DAVID MARTIN LEWIS 3. SEX MALE White June 13, 1966 MARTIN LEWIS 3. SEX MALE White June 13, 1966 MARTIN LEWIS 3. SEX MALE White June 13, 1966 MARTIN LEWIS MARRED [WHORE 24 HR.S. MOORTH DAY TEAR LOST INSTANCE MALE JUNE 13, 1966 MARTIN LEWIS MARRED [WHORE 1 YR. FUNDER 24 HR.S. MOORTH DAY MARTIN LEWIS MARRED [MARRED [MARRED] MARRED [MAR	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CHARGE OF DEATH REGISTRAR MEDICAL EXAMINER REGISTRAR MEDICAL EXAMINER'S CHARGE OF DEATH REGISTRAR MEDICAL EXAMINER'S CHARGE OF DEATH REGISTRAR MEDICAL EXAMINER REGISTRAR MEDICAL EXAMINER REGISTRAR MEDICAL EXAMINER MEDICAL EX	DEPARTMENT OF HEALTH AND MENTAL HYGINE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO MARTIN LEWIS DAVID MARTIN LEWIS S. DATE KNOWN & MORE OF ESSITE OF ESSIT	PORT STATE PRODUCT PRODUCT



232 CARROLL STREET, N.W., WASHINGTON, D. C.

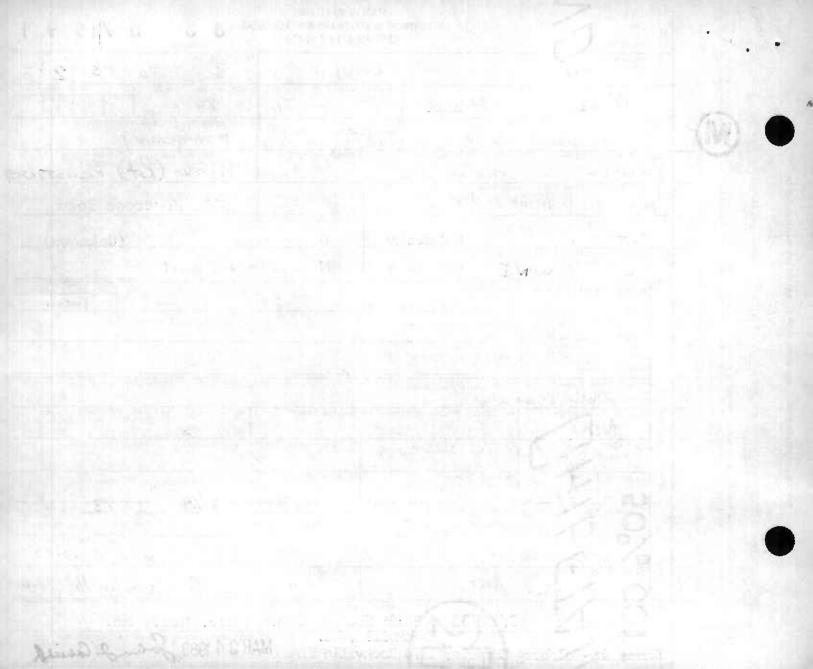
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A	81	àΙ	Ctems #1&15 Film G577 3/31/83 CSTATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 0 7 9 9 0	
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	d dept		DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUI (Type ar print) Manth Day Year Class	R
	E 100 3		JOSEPH L LOVE March 14, 1983 (:307	
	83	3. S	VIALE C T1. 20 1005 "07""	RS.
		70	Caucasian pury 27, 1975 or YRS.	_
	offer deat	T (01	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH New Orleans, La. USA WIDOWED DIVORCED Montgomery	Md.
	s of	-110.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR	_
1201	hour de la		Bethesda give street address) 6904 Selkirk Drive Budget Analyst Fet. U. S. Gov'T.	
PRESTON STREET, BALTIMORE, MARYLAND 21201	illed 24	Z 13a adn	a. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13e. STATE 13e. COUNTY 13c. VEST NO 6004 College 13c. CITY LIMITS?	
SYLA.	within within	14	Maryland Montgomery Bethesda 158 NOU 6904 Selkirk Drive 20817 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Catanzaro Lost	=
MA	0 7 -	avi	Joseph L. Love Sr. Mary Gatazarro	
ORE,	3 3 6 -	5 160	g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 75.04 Clarridd	11ϵ
TIM	papers.	1	WW I Yes 218-38-9444 Mrs. Mary Jane Pates, Dtr. Rd. Bethesda. 1	M
BAI	physician and corbon papers. I any event-with	ancı	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATA INTERPRETATION OF THE PROXIMATE INTERPR	
REET	certificate ng physicia e carbon p in any even	8	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinal arrest— Annua	6.
ITS	9 5 9	4	Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Conditions, if any, which gave)	
STO	attendin remove	į.	rise ta immediate cause (a),	_
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Z Z	F 40 5 1 39	MEDICAL I	or contributing CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19	
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	e haspital or o e CTOR: After th ched far use as Mental Hygiene	크	saw the deceased alive an same and from the date and haur and from the cayses stated above, (I) (we) (did) (did nat) view the bady after death.	rhe
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	by the by the by the by the best deto		22d. PHYSICIAN'S NAME (Type) HORACE W. BERNTON, MD 4743 Bradley Blvd., Chevy Chase, Md/	,
	o Hospital retained b	230	a. BURMAL, (REMATION, 23b. DATE 23c. NAME OF CREMATORY 23d. LOCATION (City or Town) (County) (State)	=
	reta FO FU shou	230	REMOVAL (Specify) Cremation March 14,1983 Cedar Hill Crematory Suitland P. G. Cty., Md.	
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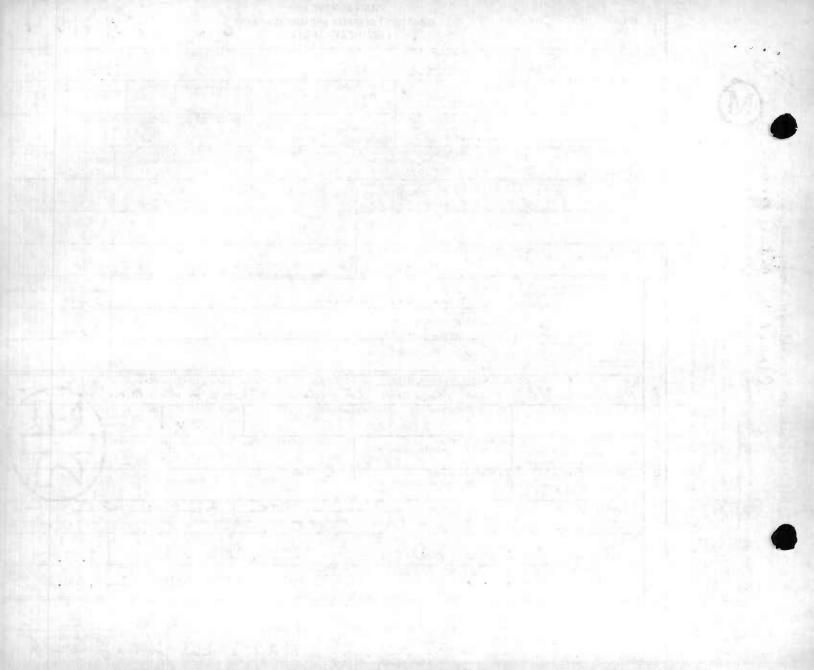
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HEALTH AND MENTAL HYGIENE TAL, CREMATION, OR REMOVAL.	Z	Conditions, if an gave rise to in cause (a) stating the lying cause last. PART 2 DTHER SIGNIFICANT (ny, which mmediate (b DUE	TO, OR AS A COM	ISEQUENCE OF	ASE OR CONDITION GIVEN IN		310	20a_	19080	
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AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2		220 I certify that I to death resulted fram: ACTUAL SIGNATURE	Natural causes	ains described abo	ve, held an Auto	ipsy , Inspect , Hamicide TITLE (SPECIFY) M.D.	Undetermined	manner .	DATE	3-2-81	
FUNER TER DEA LTIMOR		EXAMINER'S NAME (TYPE OR PRINT)	Joh	Tu	aubor	_ADDRESS	2184		บารเบ	our.	
4 &		URIAL, CREMATION, REA	3-7-1	983 0	akland Cet	netery	23d. LOCATION CITY OF TOWN St. I	aul. M	Ramsey Linnesot	Cty. STATE	
	The same of	UNERAL DIRECTOR G					FRES'D. BY RECUST				

.a.u.u otcomenta Osithewarder 780 Handwilly Ct. Sant Supt. Burt. Ref. Dept. | Ref. 780 Kimberly Ct. Mart CD678 Anguland lai .inch besigned SUBSIDE CROUSE Frederick W. Insche 191-5-5012 Domaid M. Indoxo G. Hansen Rt. 606.

Burkal 7-7-1983 Caldand Cemetery St. Faul, Minnesota Garonet-Edundison Jumeral come TATE. Dismond LVD. Calthornburg, 188.

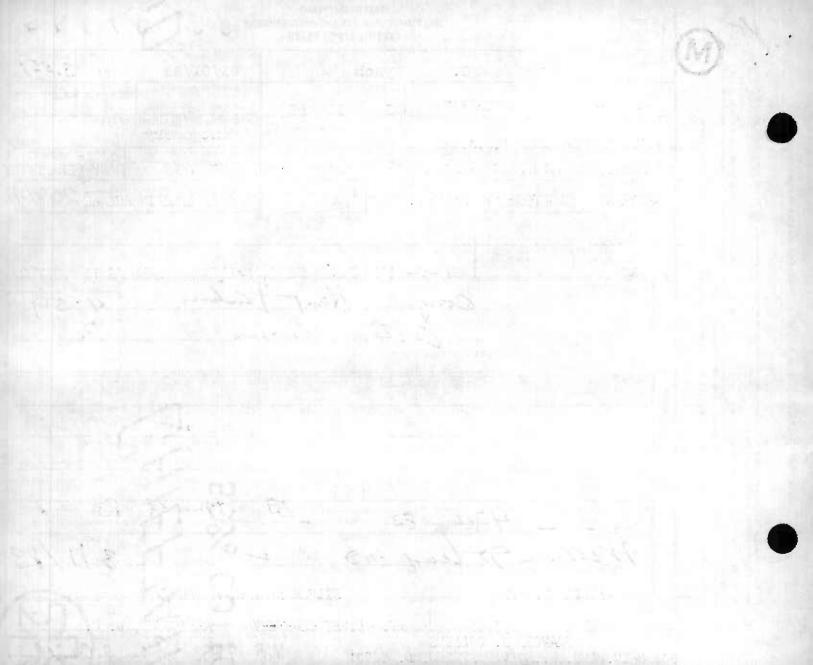
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Max Robert March 23 1983 Lum 5 AM 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MRS male Caucasian TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED XX NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED [Mantaameru 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 3602 Pimlica Place Silver Spring Uniahn Ca MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE HIS COUNTY 13c. CITY OR TOWN 3602 Pimlico Place 20906 Maruland Mantaameru Silver Spring 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Pearl Unknown ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) Ruth Buffington Lum No 083-07-6642 Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ta), (b), and (c).) PART I, DEATH WAS CAUSED BY Treephalo malacia IMMEDIATE CAUSE (a) DIVISION OF VITAL RECORDS, 301 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF exelorarescular Conditions, if ony, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION nostatic and Colon Cancer, Brish arterial Turney Distites myllities Temporal arteriti Cardiac are butteria 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP YES NO [71m ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK Mar 220.1 certify that (1) (this hospital) attended the deceased from, saw the deceased olive on 21 Mar and that in (my) (eux) apinion death occurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death 22 SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF 3.23.83 PHYSICIAN TO DIRECTOR PHYSICIAN FUNER old be the Se 22d. PHYSICIAN'S NAME (TYPE OR PRINT) DONALD E DILLON, M.D. 1087 18111 Prince Philip Drive Olney, Md. 20832 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore Druid Ridge Cemetery Maryland 250 DATE REC'D. BY REGISTRAR 25 TEGISTRAR'S SIGNATURE DHMH-16 60M 1/73 500 Univ. Blvd. West, Silver Spring. Md.

(VR A 15 (4))

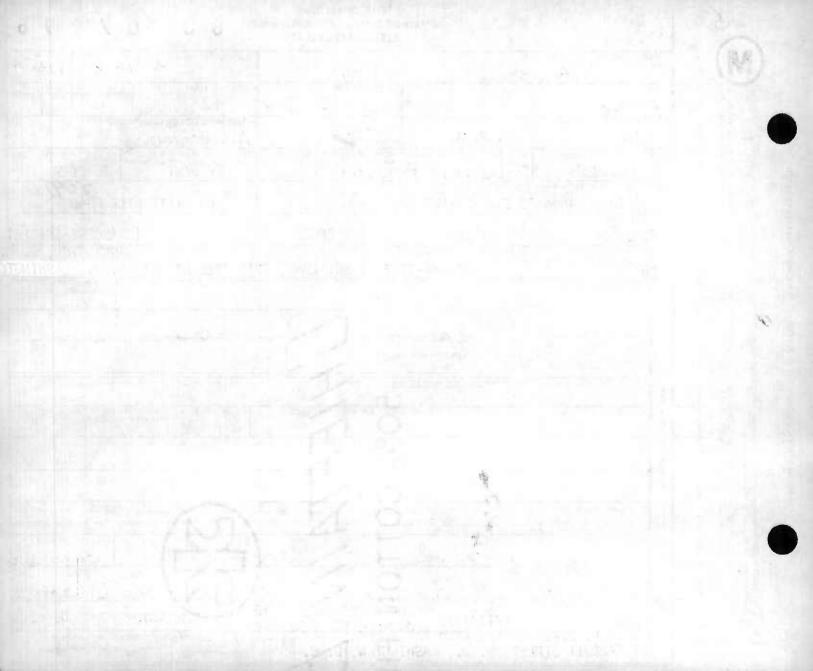


(VRA 15, 4)

500 UNIV BIVD W. STIVER SPRING MD.



(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HY	GIENE 8	REG. NO	0.	7	9	9	7
		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH MONTH DAY					JR
			MARGAR		LYDIA		EDER	March						0A M
	3. SEX			4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YE	EARS LAST BIRT	HDAY)	MONTHS	DAYS	IF UNDER	MIN.
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D				(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK	FOR MOST OF		IFE) IND	USTRY		.33 OK
2		ethesda			Center. GIVE RESIDENCE BEFORE		Bethesda, MD	Secret	ary		LS	choo	1	
3	13a S	irginia	no	VTY	Richmond		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET A		is Av	re.	23	220	
1	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	MIDDLE			LASI		
φ		David	E.		House		Nancy				Bou1	din		
2		VAS DECEASED EN		MED FORCES?	16b. SOCIAL SECU		17. INFORMANT		ADDRE					
1		no			231-46-6	318	Mr. Thomas I	H. Maed	er-(s	on) -			MATE INTER	
	Conditions, if ony, which gove rise to immediate cause [a], stating the underlying cause [ast.] CAUSE OF DEATH HENTER analy one couse per line for (a), (b), and (c) Pan Labor Pneumonia DUE TO, OR AS A CONSEQUENCE OF Small Cell Carcinoma of Lung [b] Small Cell Carcinoma Diathesis [c] Renal Failure, Hypothyroidism								1 week 7 mos.					
	NO	PART 2 OTHER S	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	<u>EATH</u> BUT	NOT RELATED TO THE TER	MINAL DISEASE	e or cont	DITION GI	IVEN IN F	ART 110	1'	
T	CERTIFICATION	190 DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO NO NO NO						TH?
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		22b. SIGNATURE	2.6	umi		0	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		22		MAR	
-		K	RT E.	CUNN	ION MD	SHI	Clinical Cer					202		
	23a B	BURIAL, CREMATI	ON, REMOVAL	23b. DATENTO	mah 10 23c N	AME OF C	EMETERY OR CREMATORY	23d LOCA	NOITA				11000	

DHMH - 16 50M 4/B2

(VRA 15, 4)

Removal/Burial 1983 Hollywood Cemetery
Part Funeral Director Robert A. Pumphrey Funeral Homes,
P.A., Bethesda, Maryland

Virginia Virginia

Richmond
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			STATE OF MARYLAND		
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14 FA		MIDDLE LAST .			LAST
	Richard H			1	w Hanks
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	(ES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES!	GAER MUS TONIA	n Hanse	Rockville, MD. 2085
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	18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and	dice i	14 5/27.5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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9				CITY OR TOWN	COUNTY STATE
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	saw the deceased alive an	7/4 19	33 and that in (my) (our) apinio	n death accurred on the date	and have and from the causes stated
		t) view the bady after death.	DEGREE		22c. DATE SIGNED,
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	Moun	11-019100	PHYSICIAN		10 1/14/83
	274 PHYSICIAN'S NAME (TYPE O	R PRINT)	1.1 14 20 ADDRESS	1111 67	6/1087 20911
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230	RUPLAL CREMATION REMOVAL	123h DATE 123c N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
23u.	(SPECIFY)		/ B - + C	CITY OR TOWN	P. COUNTY STATE
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	7a. BII 1. DECCAL CERTIFICATION 1. DECICAL CER	- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY). 10. CITY OR TOWN OF DEATH DATE OF DEATH (YES, NO OR UNKNOWN) 14. FATHER'S NAME FIRST 18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE) (YES, NO OR UNKNOWN) 19. DATE OF OPERATION PART 2 OTHER SIGNIFICANT OF OR CONTRIBUTING COUSE LOST. PART 2 OTHER SIGNIFICANT OF OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 210. LOTWING COUSE LOST. 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK 220.1 certify that (I) (this hospi saw the deceased alive on above, (I) (We) Lidid (did no TILL SIGNIFICANT SINAME (TYPE OF COUSE (II) 230. BURIAL, CREMATION, REMOVAL (SPECIEV)	THE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE COULCASICA 7. BIRTHPLACE (STATE OR FOREIGN COUNTRY). 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCK ACILITY, GWE STREET 13. CITY OR TOWN 14. FATHER'S NAME FIRST MIDDLE 15. CITY OR TOWN 16. CITY OR TOWN 16. CITY OR TOWN 16. CITY OR TOWN 17. STATE MIDDLE 18. CITY OR TOWN 19. COUNTY 19. COUNTY 10. CITY OR TOWN 10. CITY OR TOWN 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCK ACILITY, GWE STREET 18. CITY OR TOWN 19. COUNTY 10. CITY OR TOWN 11. NAME OF HOSPITAL, NURSIN 18. CITY OR TOWN 19. COUNTY 19. COUNTY 19. COUNTY 19. COUNTY 19. COUNTRIBUTING 19. CONDITION FOR WHICH 19	DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HY CRITIFICATE OF DEATH AMDULE AMARRIED NEVER MARRIED NO NOCICE WIDOWAGED NO NOCICE WIDOWAGED AMDULE AMARRIED NEVER MARRIED NO NOCICE WIDOWAGED NO THE RISTITUTION 18. CCIV OR TOWN 18. INSIDE CITY LIMITS? YES SO NO 19. CONTRIBUTION 19. CONTRIBUTION 19. CONTRIBUTION 19. DATE OF DEPARTMENT 19. DATE OF DEPARTMENT 19. DATE OF OPERATION 19. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TER AMDULE AMDULE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 1. DECEASED NAME ITEST REG. NO. 1. DEACH NAME NAME ITEST REG. NO. 1. DECEASED NAME ITEST REG. NO.

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S CERTIFICATE SHOULD BE EXEC RITING THE WORD "FENDING" RDED TO THE CHIEF MEDICAL FE SHOULD BE USED AS A BUS TE DEPARTMENT OF HEALTH AN OI PRIOR TO BURIAL, CREMATI		ER SIGNIFICANT CONDITIONS				125 OK CONDITION 6	GIVEN IN PART 1 ig				
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NOF ICATE THE W THE W STANEN		ING OR OF UTING CAUSE OF	HOUR A.M	MONTH DA	3 4 83 S	Subject	fell in	nto bathtuh			
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DIV DIV RWARDE B. PAGE 3 STATE DI											riu •
A T S S T T S T S T S T S T S T S T S T	The state of	certify that I took charg		/ 19			Inspection	, Inquiry L.,	and in my o	pinion	
AN SECTION	death re	sulted folion Natur	ral courses Left	Accident L	Suicide L	, Homicid		determined manner			
A A A S O O O O O O O O O O O O O O O O	ACTUAL	Menn	us 1D	my or	1 Must	TITLE (SPE		EDICAL EXAMINER	DATE		3-83
SE S	SIGNAL			0		M.D. <u>[133] 3</u>			SIGN	ED	
ME A A E A A E B C C C T I W E B C B C B C B C B C B C B C B C B C B	EXAMINE (TYPE OR	R'S NAME PRINT)	Dennis F	. Smyth	, M.D.	ADDRESS	111	l Penn Stre	et		
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE SIT AFTER DEATH, WITH THE SIT AFTER DEATH, WITH THE SIT AFTER DEATH OF THE SIT AFTER DEATH		MATION, REMOVAL	36 DATE March	h 23c. NAN	E OF CEMETERY		RY 23d	LOCATION		INTY ST	ATE
B6099	Bur	ial	16, 1983	New	Swedish		ry Wo	orcester,		Massachu	
DHMH - 17	24 FUNERALD	RECTOR ROBER	T A . PUM	PHREY F	UNERAL	25	a. DATE REC'D.	BY REGISTRAR 282	EGISTRAR'S	SIGNATURE	2
(VR A15 ME (5))	HOMES	P.A., B	ETHESDA,	MARYLAN	ID		WYK I	1903	- man	- W-1-1	√ ▼

20M 4/82

1170 Rockville Pike; Rockville, Md. 20852

FOR

REGISTRAR

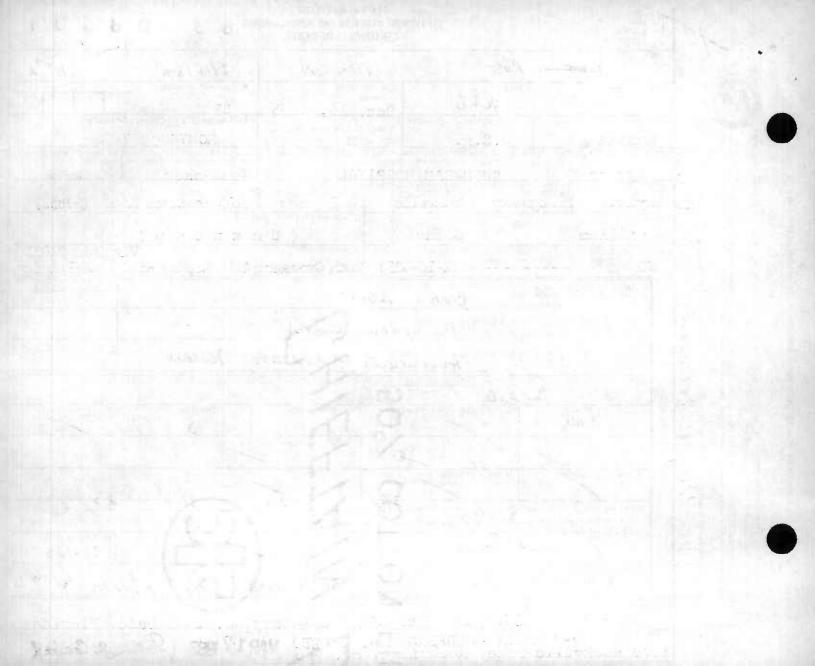
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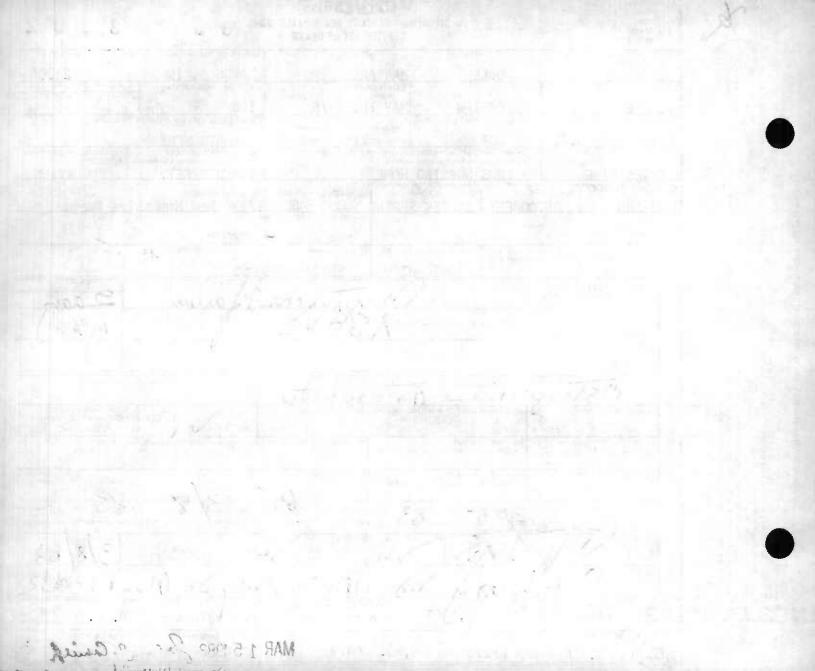
DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

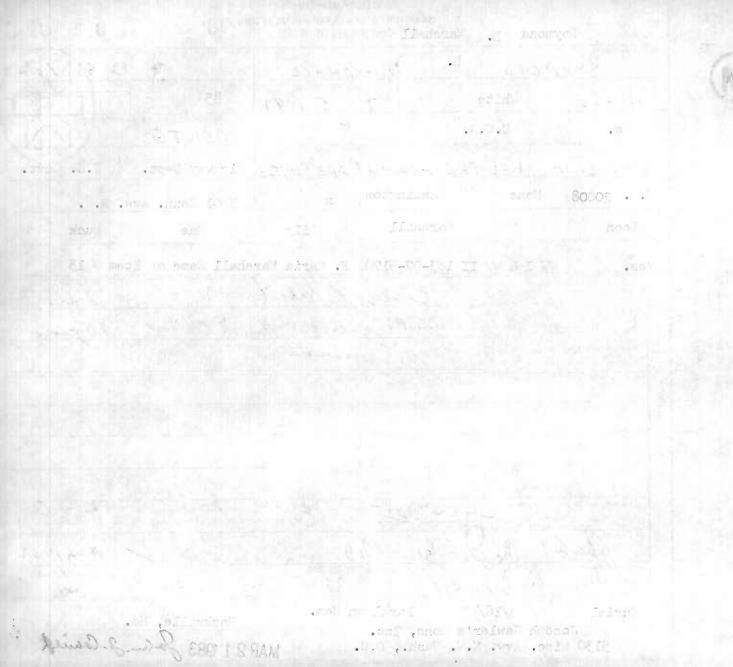




	1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3
Se A moy be		CEASED NAME PIRST NILLIE X Female	Middle LAST 20. DATE OF DEATH MONTH DAY YEAR 28. HOUR March 14, 1983 10:40 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 16 UNDER 24	PM HRS MIN.
rs ofter death. Page by the funeral directiled within 72 hours		IRTHPLACE (STATE OR FOREIGN COUNTS ENAM ITY OR TOWN OF DEATH IVEL Spring	78 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 120. USUAL OCCUPATION 120. KIND OF BUSINESS 110. USUAL OCCUPATION 120. KIND OF BUSINESS 110. USUAL OCCUPATION 110. 110. USUAL O	MD.
MARYLAND 2122 ed within 24 hours mplerely filled in E and 2 should be fi	13a.	1101.10	MODIE MO	
BALTIMORE, I ote be execute sysicion and cor spers. Pages 1 1.		No	IRMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 189-20-9117 THEODORE M. RENOCKS MASCATOWN. PA TOTAL OR OF THE OR OF THE OR OF THE OR OF THE ORIGINATE INTERVAL BETWEEN ONSET AND DES	
orbs, 201 W. PRESTON ST., requires that the death certificate signed by the attending ph. Then please remove carbon prot to burial, cremation, or remover by injury, or other traumatic every	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	1º
ALREC	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO YES NO	?
DIVISION OF VITA DING PHYSICIAN: TI or otherding physicis te os the buriel-transi oith and Mentol Hygi marked or them 18 sty	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE ALWORK NOT WHILE ALWORK ALWORK ALWORK	ATH HOUR A.M. MONTH DAY YEAR	
PITAL OR ATTEN by the hospitol ERAL DIRECTOR, e detoched for up State Dept. of He ANT: if Item 21 is		sow the decessed glive of above (1) (we) (did) (did not see that the s	of PRINT) 19 83 , and that in (m) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/15/73 22e. ADDRESS	
TO HOSE TO HOSE Should be with the IMPORTA	23a	Peter B. S.	herer MD 3947 Ferrara Lo. Wheaton, md. 20906	TF.
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	UNIERAL DIRECTOR MANAGEMENT	Mark 18-1985 Shinflights Cincley Reckrone Genne William Bergstrap Constitute MAR 2 1 1983 John J. Cohulf	e-

The state of the s CANA SHETTS IN THE PROPERTY OF THE PARTY AND AND ADDRESS OF THE PARTY A 18/20-1119 - MENDE OF TENNESS WILLIAMS OF ALCOHOL: NAME OF THE OWNER, THE O

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE Marshall CERTIFICATE OF DEATH Raymond REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR [TYPE OR PRINT] L. MOND 6 ARS : OU AN 3 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 85 White 7a. BIRTHPLACE STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTA. MARRIED NEVER MARRIED U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Silver Spring Highway Dept. Govt. HEALTH JOUAL RESIDENCE (IF NURSIN D.C. 20008 13c CWashington 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS None 3801 Conn. Ave. N.W. 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Leon Marshall Lily Mae Buck 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) LYES, NO OR UNKNOWN WW I & WW III 183-07-5170 F. Maria Marshall Same as Item # 13 Yes. 18 CAUSE OF DEATH (Enter only one couse per line for to), (b) and ic PART I. DEATH WAS CAUSED BY. eleliza! IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last pleo G PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G. DIVISION OF VITAL RECORDS, ON CAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be ronsit i Hygie 18 sho NO YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH uriol-te MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 0 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AL WORK 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive on_ and that in (my (ay)) opinion deoth occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATU DEGREE 22c. DATE SIGNED TO FUNERAL (
should be deta
with the State [
IMPORTANT: If ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Z 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Silver SPAIN 23a. BURIAL, CREMATION, REMOVAL Parklawn Cem. 3/16/83 (SPE Buria] Rockville, Md. 24 FUNERAL DIRECTOR JOSEPH GAWLER'S Sons, Inc. DHMH - 16 50M 1/81 5130 Wisc. Avw. N.W. Wash., D,C. (VRA 15, 4)



10	1-	STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	08005	
1 24		CEASED NAME FIRST JEAN	MIDDLE	MA	RYOTT	20. DATE OF DEATH MONTH	1 20, 1983 6:45 Am	
1	3. SE	Female	4. RACE white	5. DATE C	ch 7, 1918	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS	
4 4 4 5 6 7 5		rthplace (state or foreign Pennsylvania	76 CITIZEN OF WHAT COUL USA	NTRY? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	MONTGOMER	Y COUNTY MD	
of the to	10 CI	TY OR TOWN OF DEATH SETHESDA	11. NAME OF HOSPITAL, N SUBURBAN	E STREET ADDRESS)	ROTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKE) housewife	12b. KIND OF BUSINESS OR INDUSTRY NOME	
n 24 hou filled in rould be	130 N		other institution, give residence of the state of the sta	R TOWN esda	13d. INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS 4404 Maple A	venue 20814	
ampletely and 2 sl	14 FA	THER'S NAME FIRST Schuyler	MIDDLE LA PI	iler	15 MOTHER'S MAIDEN NAME FIRST Bessie	MIDDLE N.	Smith	
be execu-			E WAR OR DATES	-32-1371	David J. M	aryott 13421 L	er Spring, Md. ocksley Lane 2090	
physicic propersion pr		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	D BY:	(b), and (c).)	ic Shock		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
death ce ottending ove carbo tian, or r		4100 Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF HOUS	Li myoaardi	I INFARCT	on ydoys	
that the l by the cose rem bl, cremo		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	ISEOUENCE OF	oschotic C	odin Vasador	dresse years	
equires an signed Then ple injury, o	NO	PART 2. OTHER SIGNIFICANT (DIA DITTES	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION		
he low re ion. hos been it permit.	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO		YES NO IN CE	FYES, WERE FINDINGS USED PRITIFYING CAUSES OF DEATH? YES NO	
IYSICIAN: T ding physici is certificate buriol-transi Mental Hyg or frem 18 sh			210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	a 18 PART (OR PART 2)
of PHYS ettendir ffer this es the bu th and M.	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ATTENDIP spital or CTOR: A I for use of Health		22a.1 certify that (I) (this hospi sow the deceased alive on abave, (I) (we) (did) (didage	1110		d that in (my) (ear) opinion	death occurred on the date and	19 thou and from the causes stated	
by the hoby the hoby the hoby the hoby the hobe detached State Dept.		22h SIGNATURE	I fait	1 h		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 201. 198	
TO HOSPITAL etoined by the TO FUNERAL should be det with the State IMPORTANT.		DEWITTE	DELAW FER	M.D	270 ADDRESS 4318 Democ	every Blid	Billesda Mos	
BP		surial, cremation, removal 'SPEC Cremation	3/22/83	Metro	emetery or crematory politan Cremat		ria, corvirginia, state	
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FI	JNERAL TYSON Wheel 1331 Rockville	ler Funeral Ho Pike Rokkvil	ome, Inc. le, Maryl	and MAR	ZEBD1983GISTRARIZED CE	GISTRAR'S WOMANGHE!	

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(VRA 15, 4)

The street M.M. Washington Des Stein to 1883 persons

Francis Gasch's Sons, PA Hyattsville, Md.

(VRA 15, 4)

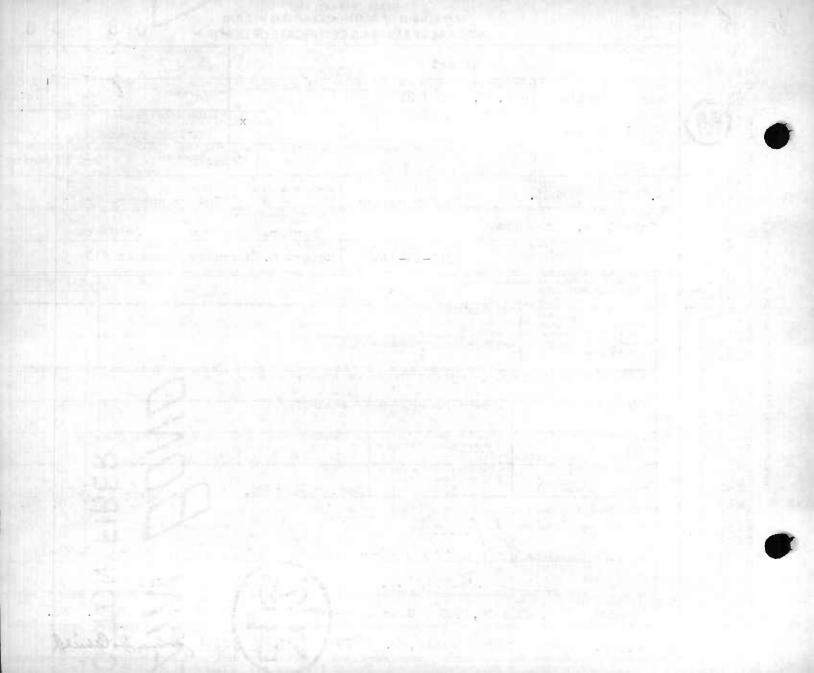
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Lewis H. Dernist, M. D.

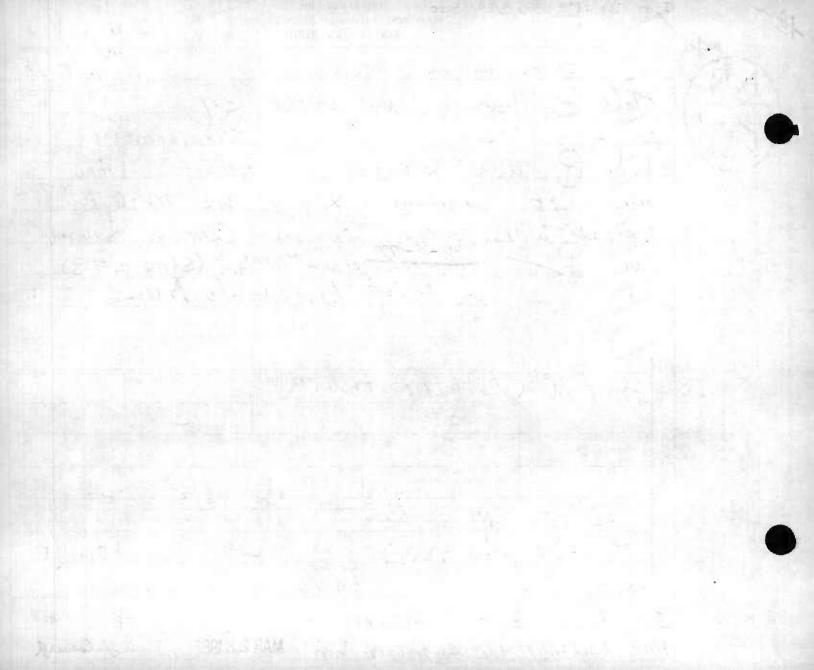
ort " cornite Blvd Rant, Silver Spring, Nd. Securition: ones 1,1905 Fort Mincoln releasons desired ft. C. C. Mill.

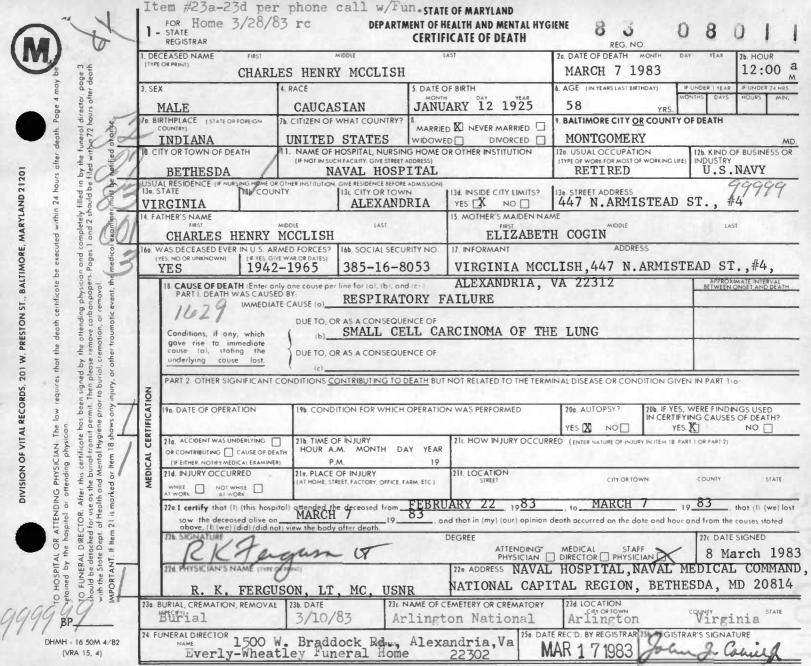
Example Monable Tenn, H. Battayer a donors

1 - STATE	ne & u 3 0 8 0 0 8
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF I	DEATH REG. NO.
I. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT) Motth Act Robert Magnetical Research	20. DATE KNOWNXX MONTH DAY YEAR 26. HOUR
INCLINEW INCONKEY 3 SEX 14 RACE IS DATE OF BIRTH 16 AGE IN YEARS I IF UNDER 1 YR THE LINDER 241	DEATH MATED 3 23 19 83 M
Male white Jan. 14, 1962 21 WANTH DAYS HOURS MI	
76. BIRTHPLACE (STATE OR EQREGNICOUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
FOREIGN COUNTRY! Washington, DC USA MARRIED NEVER MARRIED	Montgomery County, a. USUAL OCCUPATION (TYPE OF WORK 1726 KIND OF BUSINESS
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Manager Peking LIFE) Dry INCUSTANTING Dry INCUSTANTING
Bethesda Suburban Hospital USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE Md. 20879 137. STATE Mont: Gaithersburg 15. MOTHER'S MAME 15. MOTHER'S MAME	e STREET ADDRESS 28704 Greenberry Drive
15. MOTHER'S NAME ROBERT M. Mazonkey 15. MOTHER'S MAIDEN N FRST ROBERT M. Mazonkey 15. MOTHER'S MAIDEN N FRST ROBERT M. Mazonkey	NAME MIDDLE LAST
Robert M. Mazonkey Robert M. Mazonkey Barbara 15. MOTHER'S NAME Barbara 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Ann Acampora
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (YES, NO, OR UNKNOWN) (YES, GIVE WAR OR DATES) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, GIVE WAR OR DATES) 17. INFORMANT (YES, NO, OR UNKNOWN) (YES, GIVE WAR OR DATES) 18. MOTHER'S MANDEN N Barbara 17. INFORMANT (YES, MO, OR UNKNOWN) NO 18. MOTHER'S MAIDEN N Barbara 17. INFORMANT Robert M. M	Mazonkey Same as #13
Canditians, if any, which gove rise to immediate CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR NAME MONTH DAY YEAR 216. HOW INJURY OCCURRED IN THE OPERATION WAS PERFORMED?	20 AUTOPSY? YES XX NO □
UNDERLYING CAUSE OF DEATH 8:20P.M. 3 22 19 83 OCCUPANT IN ALL STREET, FACTORY, FARM, ETC.] UNDERLYING CAUSE OF DEATH 8:20P.M. 3 22 19 83 OCCUPANT IN ALL STREET, FACTORY, FARM, ETC.] STREET, FACTORY, FARM, ETC.] STREET STREET	enter nature of injury in ITEM 18 PART 1 OR PART 2) uto/auto impact city or town near Rt. 108, Sandy Springs,
death resulted from: Natural causes Accident XXI, Suicide II, Hamicide III. TITLE (SPECIFY) Accident AXIII.	Montgomery Co Md
EXAMINER'S NAME (TYPE OR PRINT) Dennis F. Smyth, M.D. ADDRESS 1	11 Penn Street
BURIAL MARCH 26,1983 Gate of Heaven	Silver Spring Mont. Md. State
24. FUNERAL DIRECTOR 250. DATE REC	2. 8 1983



ACKAR STREET, WATTER CHARGE AND STREET ELANDS LONG PHIST PHISTON HELLING LANDS LOCK / BEE AND M. W. C. HAMBERSON WAS LAND TO BE MATER BEES JAMES BELLEY





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STATE OF MARYLAND

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	1-	STATE REGISTRAR	DIFA	CERTIFICATE OF DEATH	REG. NO.	00014
		CEASED NAME PAST		memahan		3 23 83 5 5 M
+	3.50	STHRIAGE ISTANDARDA	(aucasias	June 74- MOE	6. AGE INVESTIGATION TO SELECT OR SE	YRS. HOURS MAL
3	1	ed-26.	U.S.A.	MARRIED NEVER MARRIED !	1	Montgomery no
1	is Ci	Some Pack	Jackington (sing home or other institution	124 USUAL OCCUPATION	
16		AL RESIDENCE IS MUSEUM ON TO	ATTY ISTURDANCE ASSESSMENT OF THE		811 Heron	Dr. DA MI!
5	6	ward J. Wes	Nehon	Lastrua	L MIDDLE U	uknaron (AST)
1	16a W	VAS DECEASED EVER IN U.S. AF VES. NO OR UNKNOWN O 1/66 GI	RMED FORCES? 166. SOCIAL SE VE WAR OR DATES) 579-0	5-0714 A. Johnna	L. He Nafow	1718 believabia Pike
		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), ED BY: UTE CAUSE (a) DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c)	guence of	x Farl	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 Days
	NOIL	PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TE	THE BEENE	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF MURY	IN ITEM 18, PART I ORPART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE. FARM, ETC.) 21f LOCATION STREET	CITY OR TOW	N COUNTY STATE
		saw the deceased alive an obave (I)/we) did/(did n	oital) attended the deceased from 19 19 19 19 19 19	ond that ir (my) (aur) apini	on death occurred on the dat	that (1)/(we) last the and hour and from the couses stated
ì		226 SIGNATURE	Crome	DEGREE ATTENDING PHYSICIAN		22c. Date Signed
6		228 PHYSICIAN'S NAME LIVE	OR PRINT	220 ADDRESS		

BP.

O HOSPITAL OR ATTENDING PHYSICIAN, The law

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

shaws any injury, ar other traumatic ev

IMPORTANT: If them 21 is morked or them-18

DHMH - 16 50M 4/82 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial.

236 DATE

Mar. 26 Funeral

Lincoln

23c NAME OF CEMETERY OR CREMATORY

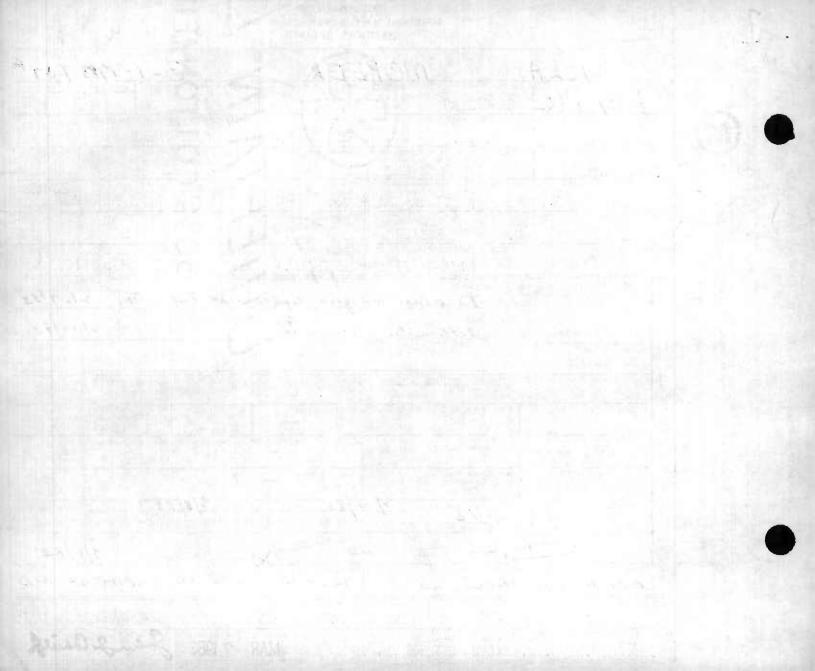
23d LOCATION
CITY OR TOWN
Bladensburg

Mdowny Rd.

C. Home

MAR 2 9 1983

don - 48 Land Drives The Month of the Land of the Manual a Da Ha Chrosel F Hethers Haterday - habeared No 11th STY- 25-67/4 A. Johnson & Kitchen 3/18 Edward Jan . C . 9 . A. Redocasie May The State of the Marie Maria Bass Harrist States

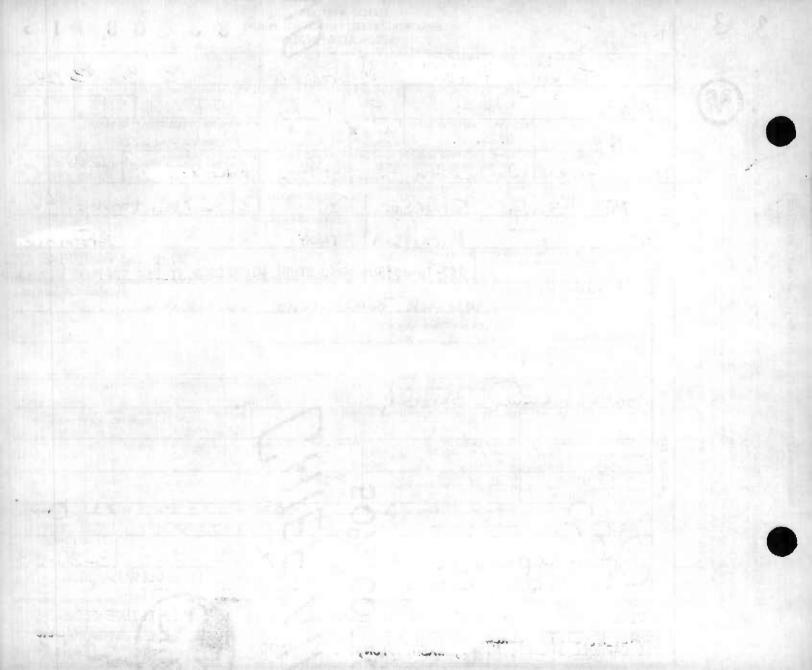


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	1.2				STA	TE OF MARYLAND			U 150000
-	30	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL FICATE OF DEATH	HYGIENE 8 S	0 8	0 5
			CEASED NAME FIRST	RVING H. MT	CHELSON ,	LAST		MONTH DAY YEA	AR 26. HOUR
	1		Irvi	na t		Michel Sol		3 30 9	83 1242M
	(M)	3. SE	Male	White	5. DATE	OF BIRTH			YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	777		RTHPLACE (STATE OR FOREIGN	U. S. A	11100	NEVER MARRIED	- MINTGO	nery	MD.
10	of the control of the	Ta	Koma Park	11. NAME OF HOSP	LITY, GIVE STREET ADDRESS	entist Itos		AVORKING LIFE) INDUS	ROWARF
ND 212	filled in ould be must be		AL RESIDENCE (IF NURSING HOME (ITATE) 136 COL	OR OTHER INSTITUTION GIVER	ESO NCE BEFORE ADMISSION	13d. INSIDE CITY LIMIT YES X NO	TIAL AL	w Ham	20907
MARYL	and 2 sh		THER'S NAME EYER	MIDDIN	1 ichelson	15. MOTHER'S MAIDEN	MIDDLE	JA(COBS
IMORE,	n and co	160		GIVE WAR OR DATES)	87-16-60451	17. INFORMANT MRS. ETHE	ADDST L MICHELSON, ST		MPSHIRE AVE
T., BALT	physical npap maya		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for ED BY: ATE CAUSE (o)	or io), (b), and ici)	ruchereni		BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	he law red an. has been 1 permit. I aws day in	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH? NO
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March 30, 1983 Chicosian Monteonery, MINISTRA Herem ker 12221 Fosbill L ne Maryland Prince Geo. Bouice 32119 11006 Len Nathan_ 578-01-2304 Anthony B. Mileo (same is 12e) OV 04-02-83 Geo. Washington Cem. Arelphi, P.G., Mr., 16000 Annapolis, Rr. Burial

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/	1-	FOR STATE REGISTRAR	DEP		ICATE OF DEATH	REG. NO.	8018
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b the fill	S	ILVER SPRING		URSING HOME (STREET ADDRESS) HOSPITAL		17g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	176. KIND OF BUSINESS OR INDUSTRY
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DING PH or after this seas the isolath and morked a	ME	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp	(AT HOME, STREET, FACTORY, O	,	STREET	CITY OR TOWN	COUNTY STATE
R ATTEN hospitol RECTOR: ned for us ppt. of He			ot) view the body after death.	V 1	nd that in (my) (our) opinion DEGREE	death accurred on the date and hou	r and from the causes stated
HOSPITAL Of the by the		THE PHYSICIAN'S NAME (TYPE O	gCh.		ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/2/8/
TO HOSPITAL retained by 1 TO FUNERAL should be def with the State IMPORTANT	23a E	Jurial, CREMATION, REMOVAL	Schulnus 123b. DATE	23¢ NAME OF	94/2 CEMETERY OR CREMATORY	23d LOCATION	h KD
BP		BURIAL	3/23/83		WN CEMETERY		ONT MD. STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR FRANCO UNIV.BLVD., U			20901 M	AR 28 1983	I Comit

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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NDING Pattending:: After the as the build and N		AT	WORK - AIWC	HILE 🗆		REET, FACTORY, OFFICE, F		21f LOCATIO			ORTOWN	COUNT		STATE
hospital or hospital or DIRECTOR hed for use Dept. of Hea			saw the decease abave, (1) (we) (ed alive an	MARCH	4 19 8	3_, on		, . ,	death occurred an			n the cause	
ITAL Off y the ho RAL Diff detached state Dep		1	Signature Sinda	L	Lucen	mo			TENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF PHYSICIAN	AA	ARCH	17,83
TO HOSPITAL retained by the It TO FUNERAL E should be detach with the State D	1			IDA GR	EEN M	. D.			PENNSYL	VANIA AV		Ν. ω.,	WASH	D. C. INGTON
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SEZ 2-3A DARGINGS RECORDERATE PRINCIPAL CANCER SALES PROPERTY AND STREET, ST. PERSON OF THE STREET MAR 2 3 1983 John & Carley

FOR

(VRA 15. 4)

Vent Virginia U.S.A. Fontgorery

Sakera Fark massington Adventist Pospital Samstrees Trace Union

Margiand Prince George accokeek 7 17617 Ulinfon Dr.

Soy of the Ann Underwood

No 563-52-163 Lengt Blocker Accokeek, Maryland

Purial 3/10/83 Ft. Lincoln Cemetery Amentwood 1.5. Muryland 6160 Gron Hill Rd.
George F. E las Fureral Nome Oxon Hill, Md.

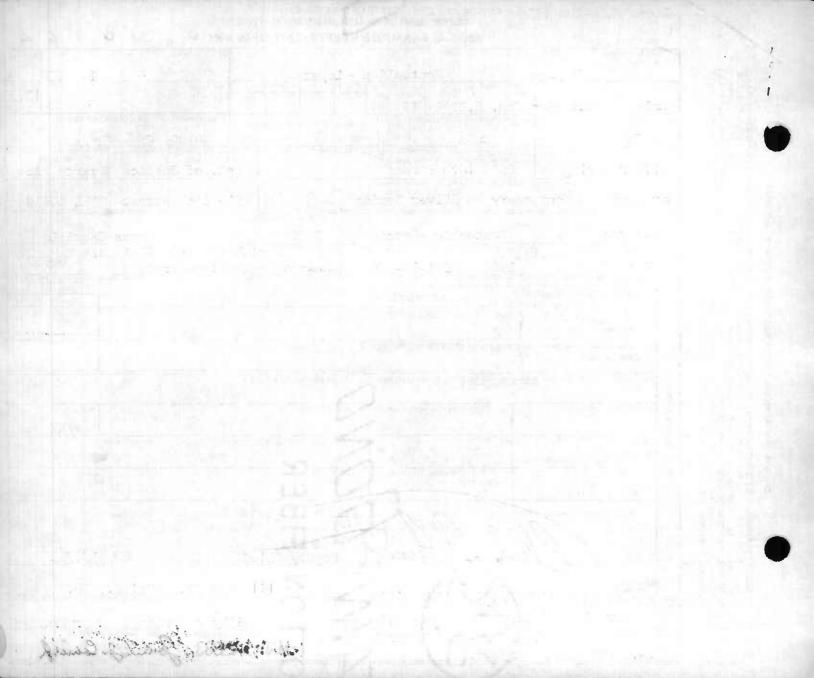
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funera should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

BP_____ DHMH - 16 50M 1/B (VRA 15, 4)

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2		ockville		Shady	Grove	Adven	tist	Hosp.	Engi	neer		Rail		i
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47	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONE	DITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	20a AUTOR	SY?	20b. IF YES.	, WERE FINDI	NGS USE	D
7	IFIC									-	IN CERTIFY	YING CAUSE		TH?
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71		OR CONTRIBUTING C		"	A.M. MONTH									
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4	23a S	BURIAL, CREMATION, I		123b. DATE				CREMATORY	123d LOCAT		TIE V	Cha	56,11	u.
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ONO	CRITICATE SHOULD SHOULD THE WORD "PER SITING THE WORD "PER SHOULD BE USED A SHOULD BE USED A SHOULD		UNDERLYING CONTRIBUTION	NG CA	R AUSE OF D	HOU	UR A.M. P.M.	MONTH	DAY YEAR	?									
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۵	0,5 5 0 5 0	Σ	AT WORK	NOT W]]"	CET, FACTO	RT, FARM, E	ic.j	-	PINEEL			CITYORTOV	V IN		COUNTY		STATE
	** TO ()		TORNAL VILLED		ook charge	of the rome	nins descr	bedeto	ve, halffon	Aufor	w X	Inspection	.	Inquiry		and in my	opinion		
	EXAMINER CERTIFICAT ULD BE FOS DIRECTOR: , WITH THE MARYLAND		death results	ed from	Naghra	7 spiner 5	d. ,	10	N x	1	Hom	icide .	Undete	rmined mo	nner [],			
	WAR.		ACTUAL	/	1/	11, 2	(UX	fran.	X		SPECIEV:				DAI	C ~	/7 /0	
	RE HATE	UE	SIGNATURE.	-	KI	Leu	a	P	viva	1	Depu	ty Chi	9 TMEDI	CAL EXAM	INER	SIG	NED 3/	1/8.	3
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR THE CENTER DIRECT AFTER DEATH, WITH THE PALITMORE, MARYLAI		EXAMINER'S (TYPE OR PRII	NAME NT)	Th	homas	D. S	mith	. M.D.		ADDRESS.	- 11	I Pe	nn St		Balto)., N	1D.	
	TO ME EXECUTOR TO FU	23a.Bl	JRIAL, CREMA	TION, RE	MOVAL 23	B DATE M	arch					ORY		CATION			OUNTY		STATE
	BP69/		Bur			11, 1			ate of				Si	lver	Spri	ng	Ma	ryla	-
	DHMH - 17		NAME					rey	Funera	1 Hon	nes,	25a. DATE R		REGISTRA	R 25b PE	GISTRAR'	SSIGNA	TURE	
	(VR A15 ME (5)) 20M 4/82	I	P.A., B	ethe	sda,	Maryl.	and				-11,411	- MINIT	Th A	1207	6	may	2	- August	1



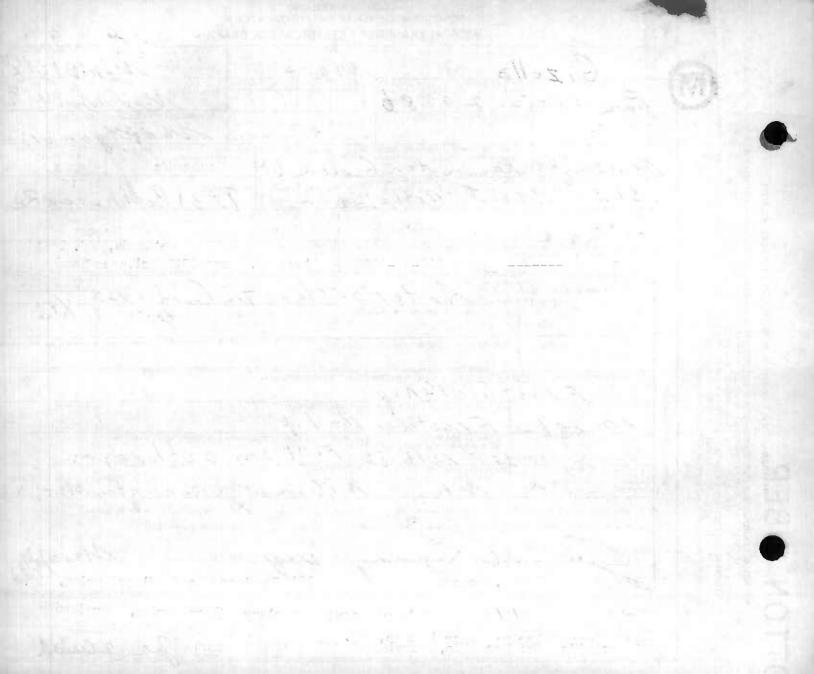
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DHMH - 16 50M 1/81 (VRA 15, 4)

	1.	FOR STATE			DEPART	MENT OF H		MENTAL HYG	IENE 8	5	0 8	3 0	2	3
	1. DE	REGISTRAR CEASED NAME	FIRST		MIDDLE		AST AST	DEATH	2a. DATE OF DI	REG. NO.	TH DAY	YEAR	2b. HOL	
			John	D.	Mod				March		983		10:	20PN
	3. SE:	male		RACE Whit	ce	S. DATE C	25°	1932	6 AGE LINYEAR		YRS IF U	INDER I YEAR	HOURS	MIN.
3-2		RITHPLACE (STATE OR		USA	what country?	8 MARRIE WIDOWE	NEVER	MARRIED	9 BALTIMORE Mont	city or co		DEATH		MD.
C	Re	ockville		16407	-001 1	abbress)		TITUTION	120 USUAL OC (TYPE OF WORK FO Engi			12b. KIND C INDUSTRY	F BUSIN	ESS OR
5	13a S	AL RESIDENCE IF NURS STATE ryland	136 COUNT Mont	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOW ROCKV11	N	13d. INSIDE (NO [13e STREET AD		Lal	ce Rd	. 20	228
51	14 FA	Werner		oore	LAST		15 MOTHER Isa	S MAIDEN NA/	ME	NIDDLE		onno	1	
		VAS DECEASED EVER YES. NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	577 42		17 INFORM. Wife)		Elizab	address eth T		1 1	#1	3
	NO	18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	which nediate g the last.	DUE TO, OF (b) DUE TO, OF (c)	PAS A CONSEQUE A AS A CONSEQUE	NCE OF	Mego NOT RELATED	Eana	faile lionis	fath path	P DN GIVEN	APPROXIBETWEENS 24	ear	DEATH 1
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED #	200 AUTOPS			ERE FINDING CAUSES		TH?
7		21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEAT	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c. HOW II	JURY OCCURR	RED (ENTER NATUR	e of injury in it	EM 1B. PAR?	1 OR PART 2)		
	MEDICAL	21d INJURY OCCURR	ILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATI STREE		c	ITY OR TOWN	14	COUNTY		STATE
		22a I certify that (1) saw the decease above, (1) (we) (d 22b. SIGNATURE	d alive on_	Feb ;	28 19		DEGREE		, to death accurred a		hour or			
1		Milfred 12d PHYSKIAN'S NA Wilfred	AME (TYPE OR	EMITA FH	rmantre	nut,	22e ADDRES		MEDICAL DIRECTOR D	PHYSICIAN !	Roy	710	85	2/
		BURIAL, CREMATION, SPECIFY) Buri	_	236. DATE	23c. N		EMETERY OR Fran		23d LOCATIO Abing		Md.	OUNTY	5	STATE
	24 FU	UNERAL DIRECTOR 4748 Wis		1	tavull				1 4 1983	ISTRAR 25b. R	EGISTRAF	R'S SIGNAT	URE	



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225 Missouri Ave. N.W. Wash. D.C. 20011

FOR

DHMH - 16 50M 4/B2 (VRA 15, 4)

.A.E.U CTATOLINON Telegram Print Washington Livertint Hospital Director Mingling P.C. County Ja306 Ol newthered. Madriand 9.9 Individual megrati merat. aina majeres (of Same in No. 13 W.W. II STU-TO-1953 Malita Vattor Morgan (Wife) THE WAS DEADLESS OF THE PARTY STATES

Iswerped Satin M.J.

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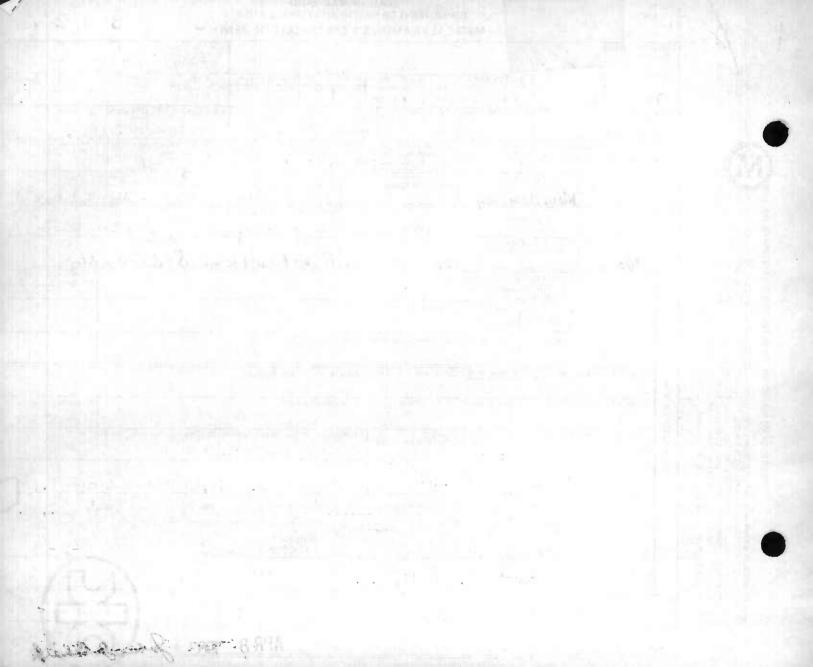
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removal 3-19-1989 Coorretorn Selection Jackson Jackson J.C. Columbia Columb

					STATE OF MAR				
	1.	FOR STATE REGISTRAR		DEPARTA	CERTIFICATE O		IENE 8 3 (180	2 6
		CEASED NAME	FIRST	WIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 2	HOUR 32
2003	(111	Y Y	marcu	A	mor	row	3-	21-83	3 A M
0 0	3. SE	X	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)		F UNDER 24 HRS
of other of the other	13	Female	wh	ite	7 - 30	80 - C	74 yr, YRS		HOURS MIN.
hod .	70. B	RTHPLACE (STATE OR	OREIGN 76. CITIZEN O	F WHAT COUNTRY?	8. MARRIED NEV	ER MARRIED T	BALTIMORE GITY OR COUN	TY OF DEATH	
- 50	Ma	ryland	Unite	d States	WIDOWED	DIVORCED [Montgomery		MD.
otified o		ity or town of DEA	A LIE NOT IN S		ADDRESS)	11	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	12b. KIND OF E INDUSTRY Home	BUSINESS OR
e file		AL RESIDENCE (IF NURS	OR OTHER INSTITUTIO	INGTON A	direntist	Hospital	Diomentarker	Home	
filled by BS	13a.	yland	Montgomery	Rockville	N 113d INSID	NO [13e STREET ADDRESS 1904 Lewis Aver	nue 208	351
2 sh	14. E	ATHER'S NAME	M/DDLF	LAST	15 MOTH	ER'S MAIDEN NA	ME		
puo Just		NA	WIDDLE	Howe		FIRST	Not Available	LAST .	
Poges 1	16a \	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES	166 SOCIAL SECU	RITY NO. 17. INFO	RMANT 1904	Lewis Ave. Roc	kville, M	íd
	N	lo or oracio with	(II TES, OTTE WAR ON DATES)	579-26-05			ighn (Daughter)	20851	
pers.		18 CAUSE OF DEAT	H (Enter only one couse p	er line far (a), (b), and			1	APPROXIMA BETWEEN ON!	TE INTERVAL
mov mov	100	PART I. DEATH W		humbles	Mark	+ She	rck		
rbag r reli	- 1	4580	MMEDIATE CAUSE (a)_	1		- 10			
e co on, c		Conditions if any		OR AS A CONSEQUE		rock			
mave a nation, troum		Canditians, if any, gave rise to imm	nediate	3		acce.			
y th cren ther		cause (a), stating underlying cause		OR AS A CONSEQUE	NCE OF				
riol,			(c)_						
o bu	z	PART 2 OTHER SIGN	VIFICANT CONDITIONS	LONI RIBUTING TO D	EATH BUT NOT REL	KONTHE W	THE PROPERTION OF	SIVEN IN PART ITO	
ior t	CERTIFICATION	19a DATE OF OPERA	13 by the	DITION FOR WHICH	OPERATION WAS DE	Sulpar C	usicse, way	TEXT LUCO	LLCL
be pre pre pre pre pre pre pre pre pre pr	5	176 DATE OF OPERA	11014	DITION FOR WHICH	OPERATION WAS PE	NI-CHAILD.		THYING CAUSES OF	F DEATH?
nsit p	E			05 N.1111BV	In non		YES NOW		NO []
SOTE		OR CONTRIBUTING		OF INJURY A.M. MONTH DA	Y YEAR	V INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART 2)	
certification of them	S	(IF EITHER, NOTIFY MEDI		P.M.	19				
d M d M	MEDICAL	21d. INJURY OCCUR	LAT HOME !	E OF INJURY	ARM, ETC.) 211, LOC.	ATION IREET	CITY OR TOWN	COUNTY	STATE
os the but th and M arked ar	2	AT WORK AT WO	RK C						
Se o Se o mo		220.1 certify that (1)	this haspital) attended	he_deceosed from_	3-20	19.82	10 3-21	, 19 82, the	(I)(we) last
Por particular of the particul			ed olive on 3-20		32 _, and that	my (aur) apinian a	death accurred an the date and h		
Pt. of		22b. SIGNATURE	did) did not new the bac	ty after death.	DEGREE			22c. DATE SIG	GNED
F h) ((. ,	() ()	1110	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		21, 1983
Z de de			an My	1X	22e ADD		DIRECTOR PHYSICIAN		
FUNERAL sld be det the State of		22d. PHYSICIANS NA	1	" A			D1-1 11 01:	20901	
should be de with the Stat		John	n Kijak, Jr.				y Blvd. W., Si	lver Sprin	ig, Ma.
F 7 3 5	23a.	BURIAL, CREMATION,	236. DATEM 23, 1	arch 23ch	IAME OF CEMETERY		23d. LOCATION	COUNTY	STATE
1		Bürla1	23, 1	983 Ar	Lington Na	tional	Arlington,	°°Virgir	nia
- 16 50M 4/82	24. E	UNERAL DIRECTOR T	Pumphrey Fun	eral Homes	P.A.		E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATUR	ŧΕ
'RA 15, 4)			Maryland 2		,	MA	R 281983	a. 2. Cas	wild
	1	and the latest designation of the latest des					- 1444		~

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FOR		DER 4 DTA4EA	STATE OF MA	AKTLANU	ENIE			
- STAT		MEDICAL EXA		AND MENTAL HYGI	E STU C	0 8	0 2	1
	STRAR ED NAME FIRST	MEDICAL EX	AMINER 3 CE			G. NO.		
I. DECEAS	ED LANGEL	MIDDLE	LA	(3)	20. DATE KNOW OF ESTI			2b. HOUR
1	David		Mos	sier	DEATH MATE	~ ~ ~	29 19 83	M
3. SEX	4. RACE		GE (IN YEARS IF UND		RS. 2c. DATE PRONOUNCED	нтиом	DAY YEAR	3:48
m	white	All	P G YRS.	DATS HOURS MIN	DEAD	3 2	29 1983	p. M
7a BIRTHP	LACE (STATE OR	76. CITIZENOF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE C	ITY OR COUNTY	OF DEATH	
	mouri	WSA.	WIDOWEI			omery Cou	untv.	MD.
	R TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING			USUAL OCCUPATION	N (TYPE OF WORK	26. KIND OF BUS OR INDUSTR	SINESS
we we	rowers co	Shady Grove Ad			FOR MOST OF WORKING LIF	B	OK INDUSTR	1
		R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		1	2.00	854	
130. STATE	TOL 136. COUNT	13c CITY OR T		3d. INSIDE CITY LIMITS? 13e. :	STREET ADDRESS	, C-	- h p	,
14. FATHER		tome ky		5 MOTHER'S MAIDEN NA		and and	70 10	
2/12	IRST 15	MIDDLE		FIRST	MIDDLE	CA. 01	LAST	
1 14g WAST	DECEASED EVER IN U.S. ARM		SECURITY NO. II	7. INFORMANT	ADI	DRESS	anson.	
(YES, NO.	OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)			, p	1.000	11.	
	10			RUPP FUN 1	JOME JY	MORKPH	APPROXIMATE I	INITEDVAL
18.	CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one cause per line for (o), (b), and DBY:					BETWEEN ONSET	
		E CAUSE (a) Hang						
1		DUE TO, OR AS A CONSEQ	UENCE OF				15000	
WEDICAL CERTIFICATION MEDICAL CERTIFICATION STORY ALT Geometric Geometri Geometric Geometric Geometri Geometri Geometri Geometri Geometri Geometri Geom	Canditians, if any, which gave rise to immediate	(b)						
	cause (a) stating the <u>under-</u> lying cause lost.	DUE TO, OR AS A CONSEQ	UENCE OF					
	lying coose tost.	(c)						
PART	2 OTNER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE O	OR CONDITION GIVEN IN PART 1 (a	l.			
N N								
19a.	DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS	S PERFORMED?			20 AUTOPSY?	
F							YES XX	NO 🗍
MEDICAL CERTIFICATION	EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOV	W INJURY OCCURRED (EN	TER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART		
AL ONE	DERLYING XXOR	DEATH 2 40 P.M. 3 29		bject hung h	imealf			
21d.	INJURY OCCURRED	21e PLACE OF INJURY (AT	HOME. 211. LOCA	ATION	THISOTT			102
WH WH	ILE NOT WHILE XX	STREET, FACTORY, FARM, ETC.)	Mon		Jail, 1307	Seven Lo		STATE
AL	WORK AT WORK	' jail cell	IMOU			Rockville	- Montac	merv
	22a. I certify that I took charge	e af the remains described above, h	6.71	XX, Inspection	, Inquiry L.	and in my api	Co.,	Md.
de	oth resulted from: // Nature	al causes Accident	, Suicide X,	Homicide Ur	determined manner	□ ,		
	1/0	a to della	11	TITLE (SPECIFY)		DATE	7 70 0	7
	UAL NATURE	The The Janu	M.D	Assistant A	MEDICAL EXAMINER	DATE SIGNED	3-30-8	33
EVA	MINER'S NAME Mar		1 M D	111	Donn Chu-	. +		
(TYP	E OR PRINT) VIA	rgarita A. Korel	1, M.D.	DDRESS	Penn Stree	ð I		
23a.BURIA	L, CREMATION, REMOVAL 2	3b DATE 23c. NAM	E OF CEMETERY OR	CREMATORY 23c	LOCATION CITY OR TOWN	COUNT	TY STA	ATE
(week)		H/1/83 men	oul pa	-K 5	+ Joseph	mr		
24. FUNER	AL DIRECTOR	ADDRESS	1		D. BY BEGISTRAR 256	. REGISTRAR'S SI	GNATURE	4.8
Ao-			ouch au	APR 8	1983	John 9	L. C	4.
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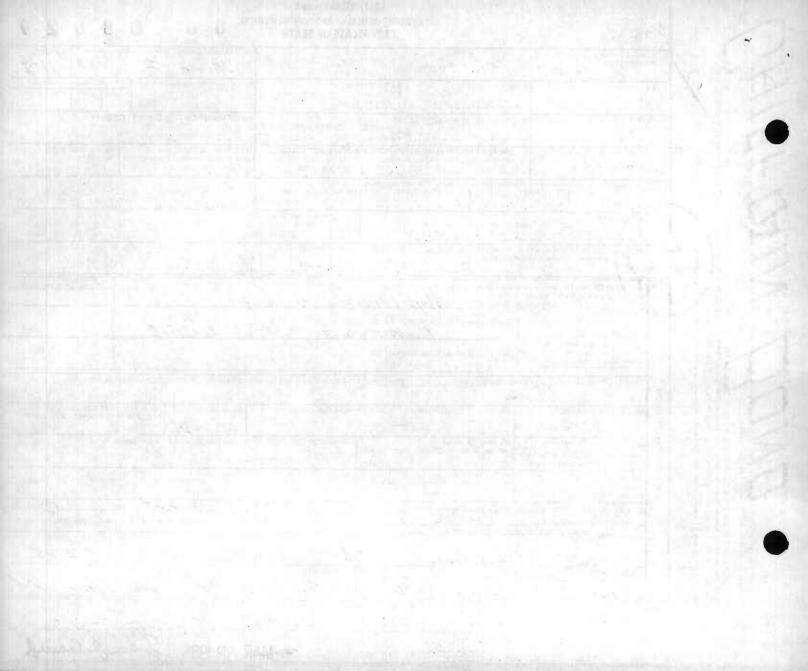


	L.	POR		DEPART	MENT OF H	EALTH AND MEN	TAL HYGIEN	83	0 8	U	28
	/	STATE REGISTRAR			CERTIF	CATE OF DEAT	TH	REG. NO	o. '		
M. 951 /		CEASED NAME FIRST		AIDDLE MO	< <h< td=""><td>Ira.</td><td>20</td><td>DATE OF DEATH</td><td>MONTH DAY</td><td>YEAR 26</td><td>h. HOUR</td></h<>	Ira.	20	DATE OF DEATH	MONTH DAY	YEAR 26	h. HOUR
0 6 64	0.053	CINIC	4. RACE	- /10	IS DATE O	E DIDT4	- 6	AGE (IN YEARS LAST BIR	(HDAY) IF UND	DER I YEAR IF	F UNDER 24 HRS
4 9 m	3. SEX	Fondle	Caucas	ian	OZ MONTH	DAY	Ž'O K	63	MONTHS YRS.		HOURS MIN.
Pog Adir		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARK	9. I	BALTIMORE CITY O	R COUNTY OF D	EATH	
oth.		Maryland	United	States	WIDOWE	-	CED 1	Montgomery	County		MD.
4 80/		TY OR TOWN OF DEATH			IG HOME C	R OTHER INSTITUT		USUAL OCCUPATI		b. KIND OF E	BUSINESS OR
50	K	ockulle	Shadi	1 Grove	ADDRESS OF	UENHS		Homemaker	C	own Ho	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212C NO PHYSICIAN. The low requires that the death certificate be executed within 24 event attending physician and completely filled in as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill than and Mental Hygiene prior to buriol, cremation, or removal.	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13) COU	r other institution. NTY ZOMETY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Germanto	N I	134 INSIDE CITY L		s STREET ADDRESS	Zip Co	de:20	874
hin hin sho	_	THER'S NAME	5		7071	15. MOTHER'S MA			a Road	200	
JARY		Clarence	WIDDIE	Rogers		FIRST T. f. 1 1	lian	MIDDLE	Riv	dieca	mn
K, Solo Cute		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT	(Son)	ADDRE	55310 Lau		
IMORE oe execu	(NO (IF YES, G	VE WAR OR DATES)	213-38-2	2940	Woodrow V	W. Moss	sburg Jr,		Le, MD	20850
Salta sicio spers out.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per	ling for (a), (b), an	id (ci)	2 1	7			BETWEEN ON	SET AND DEATH
Triffice rtiffice phy on po emov			TE CAUSE (a)	Cereb	ral	ma	ulu	or .		da	70
ding or re or re		4340	DUE TO, O	R AS A CONSEQUE	ENCE OF		1	· Cuc	1 1 11	1	
death death		Conditions, if ony, which	(lb)	Cereb	ral	The	mbos	~ (")-	roke	an	p
the the cemo		gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQU	ENCE O	- : 1			/	474	
that that l by sose oil, cr		underlying cause lost	(c)	long	urle	nown					
os, 20 signed signed sen pli buria	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING 18	DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR CON	DITION GIVEN IN	PART 110	
been mit. Il prior t	₹ E	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF YES, WEF	RE FINDING	SS USED
hos b	CERTIFICATION							YES NO NO	IN CERTIFYING YES		NO [
VITA N. Th hysicic icote ronsit Hygie 18 sho	E E	21a. ACCIDENT WAS UNDERLYING	216. TIME C		AV VEAR	21c HOW INJUR	Y OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)	
SICIAN ng phy certific certific viol-transmittern 1		OR CONTRIBUTING CAUSE OF DI			AT TEAK						
ON Instanta	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION		CITY OR TO	wn c	YINUO	STATE
VISI G Pl of Pl of Pl s the	\\	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC)	314621					
Or Aff		220-1 certify that (1) (this has	olfal) attended th	e deceosed from	3	(a, 1	9 83	, to: 3/	1 19	83_, th	ot (I) (No) last
TTEN Pitol TOR for u		saw the deceased alive a above, (1) [mail of d) (did n	n 3	offer death	83 , 01	nd that in (my)) opinian dec	ith accurred an the d	ate and hour and	fram the co	ouses stated
R A hos		22b. SIGNATURE	dry view me body	one deam.	,	DEGREE				TR. DATE D	GNED
At O At O At D detect of the D at D At I I I I I		Her)/(reword	en!	PHY:	SICIAN S	MEDICAL STA	CIAN	3/11	1/83
d by		22d PHYSICIAN'S NAME (1996	OR MINE)			22e. ADDRESS	Gait	thersburg,	Marylar	nd 20	879
CO HOSPIT epined by TO FUNER should be with the Str		Stephen J.	Newman.	M.D.		19261 M		ery Villag	e Avenue	<u> </u>	
5 a 5 a x		BURIAL, CREMATION, REMOVA	L 23b. DATE M	arch 23c.	NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION	COU	INTY	STATE
BP		(SPECIFY) Burial	14, 19	83 Da	irnest	own Presi		n Darnes	town	M	laryland
DHMH - 16 50M 4/B2	24. F	NAME ROBE	rt A.Pum	phrey	neral	Homes,		EC'D. BY REGISTRAR	0		
(VRA 15, 4)	P.	A. Bethesda,					<u>MAR</u>	1 / 1983	John	2. Ca	will

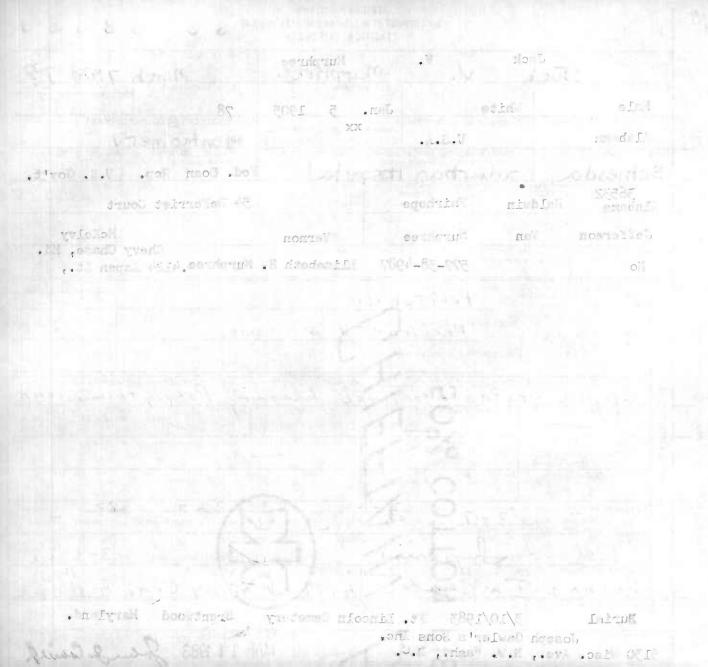
Company of the Compan Constant American Carallel Mary brown ("Though ") the state of the state of the time of the second - order . ITsuc Walls of State of Sta

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH YEAR L DECEASED NAME (TYPE OR PRINT) Harrison tor, page 3 ofter death 1212 IF UNDER LYEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3 SEX DAYS MONTH Female Caucasian March 11.1891 91 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Washington United States Montgomery County WIDOWEDT DIVORCED T 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR ENOT IN SUCH FACILITY, GIVE STREET ADDRESS)

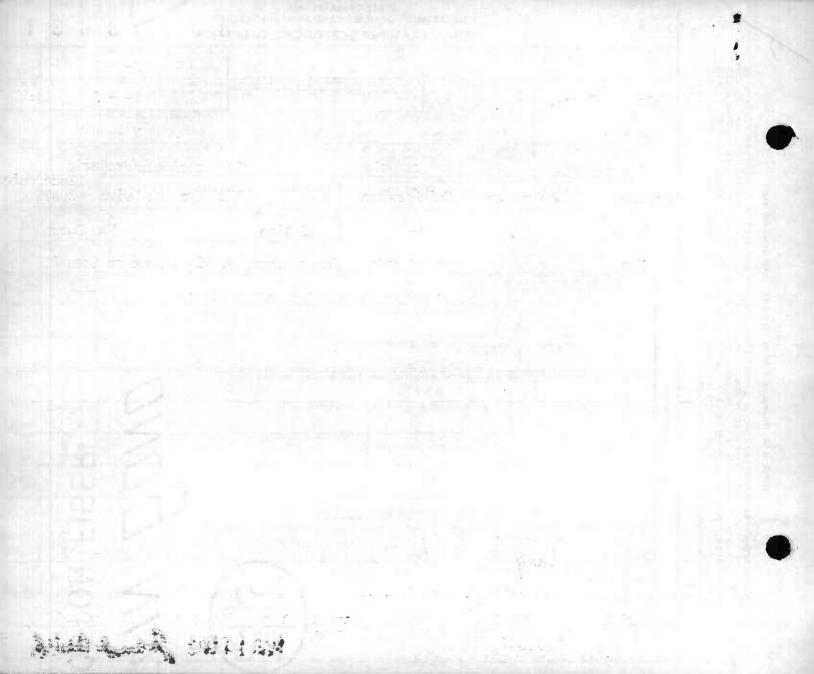
225 Kensington TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Kensington Kensington Parkway Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION (20795)13b COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 113c. CITY OR TOWN Maryland Montgomery 0225 Kensington Parkway Kensington YES X NO F 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE FIRST Isaac Alice Lewis Reece Harrison ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Son 1307 Milldam Road 22 0099 John H. 216 Mudd Baltimore Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (g) (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? IN CERTIFYING CAUSES OF DEATH? None NO YES T NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 10 21e PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED COLINTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove. (I) we ((did)) (did not) view the body after death THE DATE SIGNED 226 SIGNATORE DEGREE ATTENDING MEDICAL STAFF be deta e State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OF PRINT) ld b 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATEMarch 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY (SPECIFY Burial 7,1983 Arlington National Arlington Virgini BP. A. PUMPHREY 24 FUNERAL DIRECTOR ROBERT DHMH - 16 25M (VR A 15 (4)) 9/74 HOMES, P.A., BETHESDA, MARYLAND



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(VRA 15, 4)			5130 Wisc. Av	e., N.W.	Wash., D.	U.		MA	AR 1 1 1983	John	- St Cabrel



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI- 3-9-83 VANBUREN JAMES Murnhy SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED 25A 3-9-83 Male Cauca. Dec. 23, 1933 DEAD 49 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery County New York United States WIDOWED [DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 13329 Wye Oak Drive Vice President/Frederick Gaithersburg USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Electronics Mary I and Montgomery Gaithersburg 13d. INSIDE CITY LIMITS? 13329 Wye Oak Drive 20878 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME IT. PAGES 1 AND 2 MIDDLE MIDDLE FIRST Lillian Van Buren James Murphy VE PAC 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) Yes Janet A. Murphy, Wife, Same as item #13 121 26 6863 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HIS YES V.V NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE WHILE AT WORK TO MEDICAL EXAMINER: THE ERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SITE BALTIMORE, MARYLAND, 2) 220 I certify that I toak charge of the remains described above, held an Autopsy Inspection death resulted fram: Natural causes XX Undetermined manner TITLE (SPECIFY) ACTUAL DATE3-9-83 ssistant SIGNATURE EXAMINER'S NAME 111 Penn STreet TYPE OR PRINT 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL March 1983 Gate of Heaven Cemetery Silver Spring, Maryland Burial BP 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250 **DHMH - 17** Rockville, Maryland (VR A15 ME (5)) 20M 4/82



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		1.	FOR STATE REGISTRAR	DEPARTA	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 8	0	3 2
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rattending physician. Wher this certificate has been signed by the ottending physician and campletely filled in by so is the buriel-transit permit. The please remove cathonopapers. Pages 1 and 2 should be file to and Marial Hariana permit.	85	13a. WE	ST VIRGINIA BAH	RBOUR PHILLIPP	N	13d. INSIDE CITY LIMITS? YES NO X	RT 2, BOX	313A	99	1999
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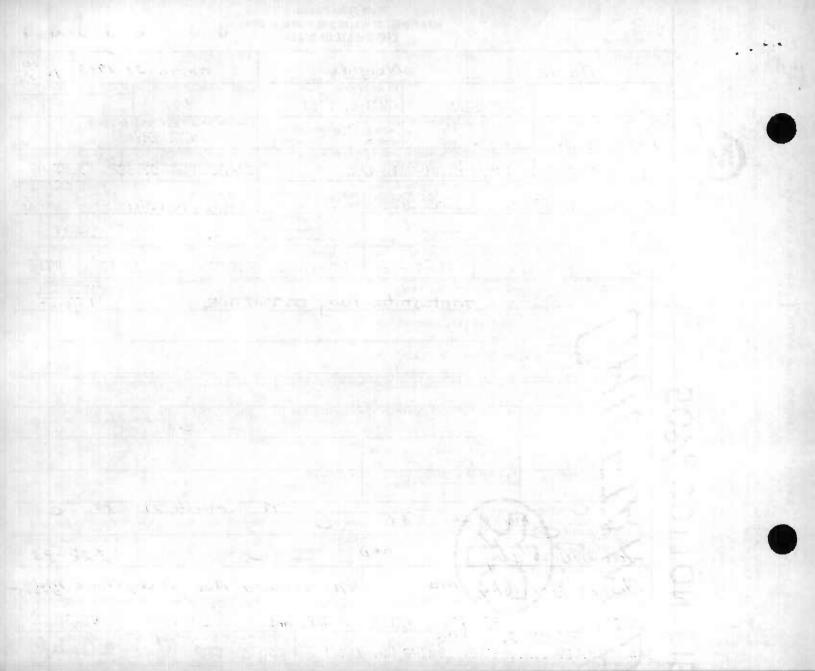
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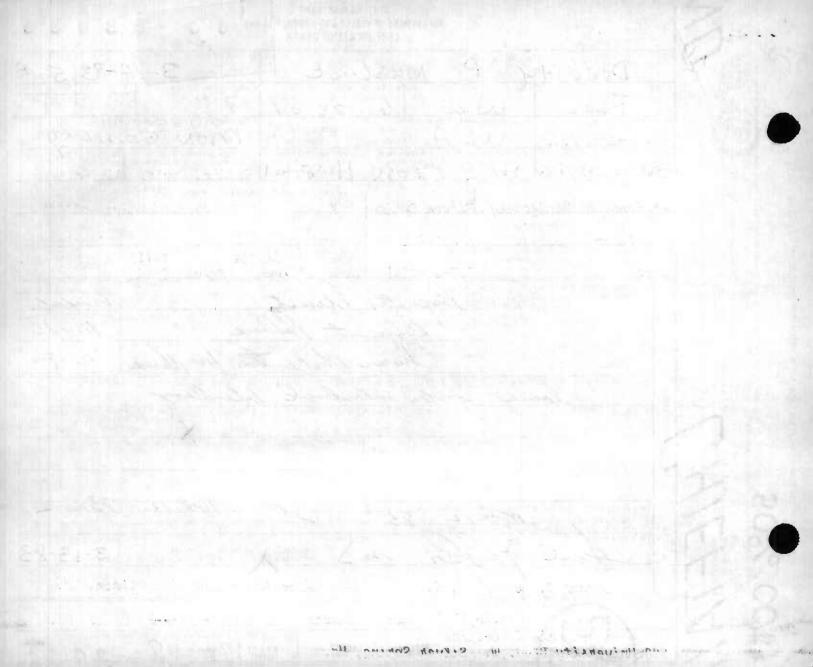
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Poge		YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	579-32-	0261	Irma Sulliva	ister	lver Sr	1115 Mc		ngne
4 0 0 m		18 CAUSE OF DEATH (Enter	anly ane cause p		and (cl.)		<u> </u>	cver st		APPROXIMATE IN	TERVAL TH
the physical property of the physical p		PART I. DEATH WAS CAL	SED BY: IATE CAUSE (a)_	Kisp	unter	aunt			0	mila	te
maine corbin		4960	DUE TO,	OR AS A CONSEG	ACE OF	a 61	2 .			Inen	10
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luires t signed nen ple o burio	z	PART 2 OTHER SIGNIFICAN	CONDITIONS	CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	ORCONDITIO	N GIVEN IN P	ART Ita	
w red	CERTIFICATION	19g. DATE OF OPERATION	196 CON	IDITION FOR WHIC	CH OPERATION	WAS PERFORMED	200 AUTO	PSY? 20b	IF YES, WERE	FINDINGS U	ISED
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R: Af		22a L certify that (I) (this ha	spital) attended	the deceased from		. 19_20	2, to//	IAR /	2 19	, that (1) two) la
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TO He should with the limbo	23a	BURIAL, CREMATION, REMOV		1	NAME OF C	METERY OR CREMATORY					
BP		(SPECIFY) Burial				Heaven	CITY	r Sprin	ig Mon	t. Md	STATE
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR Franc	is I. Co	Illins		25a. D.A	ATE REC'D. BY RE	GISTRAR 256 R			
(VPA 15 4)	E	On MAME	Roud W	CiPADDRESS	Suring	Md I	1AD 1.74	000	1.0	00	



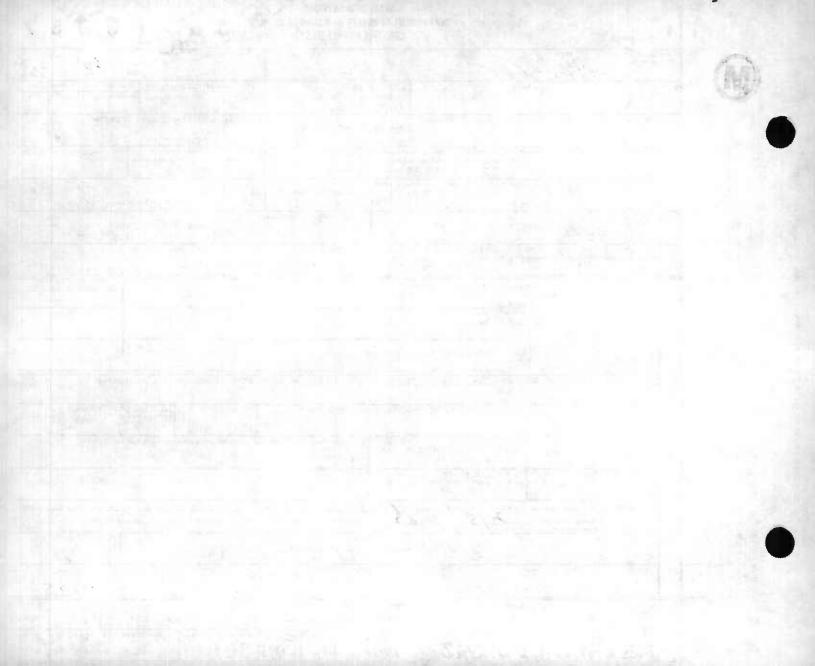
INALOIF.H. SILVERSPRING

FOR

- STATE

DHMH-16 25M (VRA 15, 4) 1/79 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7		REGISTRAR		10000		CERTIF	ICATE OF DEA	TH	RE	G. NO.		
		CEASED NAME	FIRST		MIDDLE	i.	AST		20. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
			Grace		nmi	Nie	nhuis		March	15,	1983	5:30AM
	3. SE	X	17	4. RACE		5. DATE C			6. AGE (IN YEARS L	AST BIRTHDAY!	MONTHS DAYS	IF UNDER 24 HRS
	F	emale		White		Oct	. 15,	1914	69	YR		HOURS MIN.
9/4		IRTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER MAR		9. BALTIMORE C			
55		Iowa		United	States			CED	Monte	omerv	County	7 MD.
pa		ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			120 USUAL OCCL	PATION	12b. KIND (OF BUSINESS OR
E		thesda		6320	Rockhurs	t Ro	ad		Housew	ife	own	home
15 E	USU. 13a. S	AL RESIDENCE (# STATE	NURSING HOME C		13c. CITY OR TOW		138. INSIDE CITY I	LIMITS?	13e. STREET ADDR	ESS	zip 2	
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mine	14. EA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MA		AE MID	DIE		c†
(S)0	R	ichard			rince		Ann		7416	J. C.	Yonke	r
ical		WAS DECEASED E		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		A	DDRESS		
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oux .	CERTIFICATION	19a DATE OF OP	ERATION		OITION FOR WHICH	OPERATIO	WAS PERFORME	ED	20a AUTOPSY		YES, WERE FIND	
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88 0	SE SE	210. ACCIDENT WA	-	110110 4	OF INJURY	u vein	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE C	F INJURY IN ITEM	18 PART 1 OR PART 2)	
E	CAL	OR CONTRIBUTING		ATIN	M. MONTH DA	19	-					
or h	MEDIC	216. INJURY OC		21e. PLACE	OF INJURY		21f. LOCATION		CATA	OR TOWN	COUNTY	STATE
marked	¥	WHILE IN	OT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE, F.	ARM, ETC.	STREET		Cili	OK IOWN	12/15/8	7)
E				itel attended to	he deceased from		1/17	9 80		45.519		-Mot (I) (we) lost
21 is		sow the de	reased alive o	2//4	ofte down 19.	3_, or	d that in (my) (our	r) opinion o	death accurred on	the date and	hour and from the	couses stated
Hem		22b. SIGNATURE			111	1	DEGREE	T 07. H				SIGNED
生		//	1	- W	MIL		ATTE	NDING X	MEDICAL DIRECTOR P	STAFF HYSICIAN	Marc	th 1983
AA		22d. PHYSICIAN	S NAME LYHE	OR PRINTS	100		22e. ADDRESS 7	1510	Old Ge	orget	Own Ros	
PORTAL		Thon	nas Q.	Garve	y, M.D.		R	ockv	ille, M	arvla	nd 2085	52
₹	22- 6	DUDIAL CREAMATI	ON BENON	Tool	Inn .	11115 05 0			Intl. LOCATION	1		

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

Mar. 16, 1983

P.A. Bethesda, Maryland

24 FUNERAL DIRECTORO

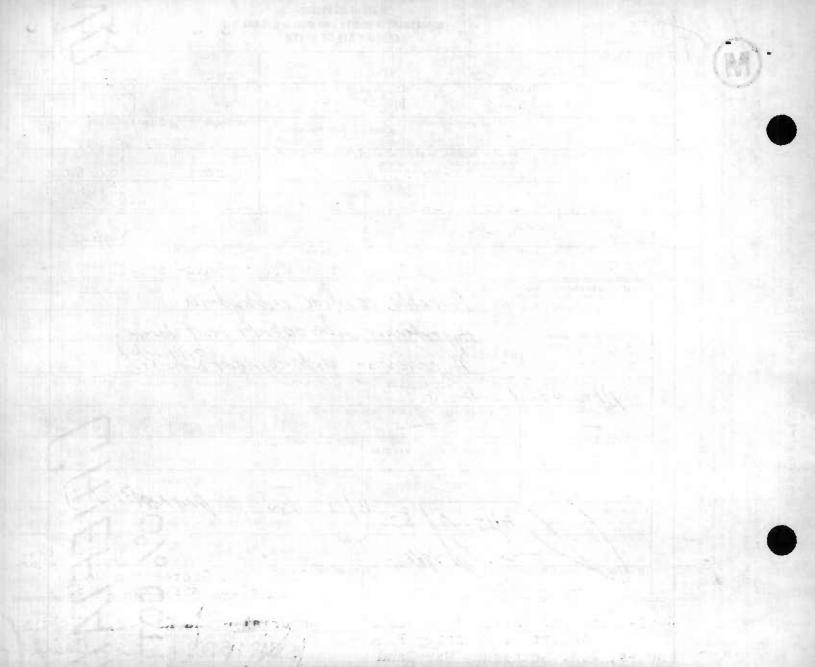
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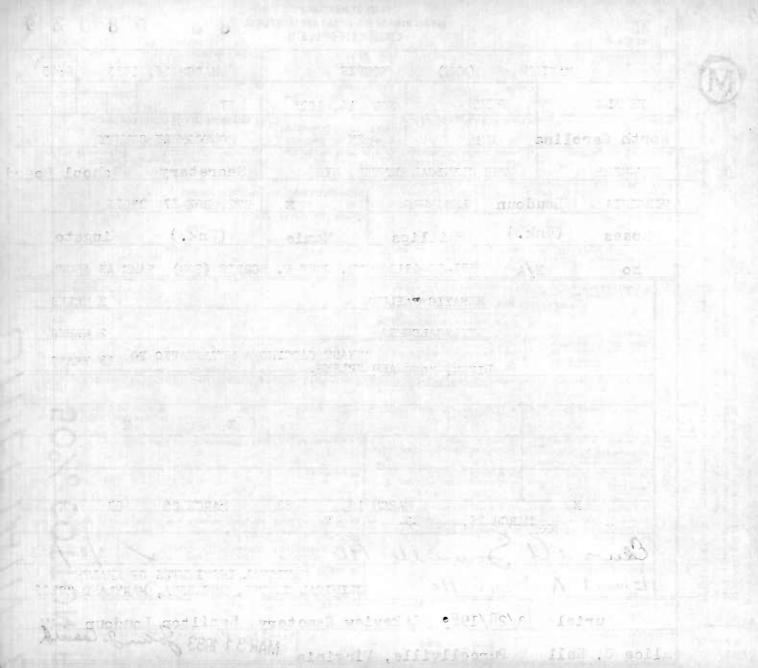
Pumphrey Funeral

Grand

Michigan Rapids MAR 1 6 1983 John Strars Signature



REGISTRAR CERTIFICATE OF DEATH	
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH D	PAY YEAR 26. HOUR
	983 6:45 ^A M
	AONTHS DATS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGOMERY COUNTY WIDOWEXX DIVORCED MONTGOMERY CO	11117017
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BETHESDA THE CLINICAL CENTER, NTH Secretary	126 KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 138. STREET ADDRESS VIRGINIA Loudoun LEESBURG 136. INSIDE CITY LIMITS? 138. STREET ADDRESS RT2, BOX 37 22	075 99999
DUILL RESIDENCE (# NUMESHOC NOME OF CHIEF RESIDENCE FOOR AS A CONSEQUENCE OF BREAST CARCINOMA METASTATIC TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE THE PROPERTY OF THE PRO	Wingate
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18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATIC FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate Conditions are to immediate	2 WEEKS
gove rise to immediate cause dost. Solid	13 YEARS
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES IN CERTIFY YES NO	, WERE FINDINGS USED YING CAUSES OF DEATH?
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR P.M. 19 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR P.M. 19 218. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 218. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 218. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 218. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 218. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 219. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER, MOTHY MEDICAL EXAMINER) P.M. 19 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER WAS UNDERLYING OR CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (# EITHER WAS UNDERLY WAS UNDER	ART OR PART 2]
ON CONTRIBUTION CO	COUNTY STATE
22a.1 certify that (IA(this haspital) attended the deceased from MARCH 10, 19.83, to MARCH 26, to saw the deceased alive on MARCH 26, 19.83, and that in (Xy) (aur) apinion death occurred on the date and haur above X(I) (we) (did) (a)(XxxI) view the bady after death.	ond from the causes stated
DEGREE TENDENCE STATE	3/24/83.
THE STATE OF THE S	
9999 BP Burial 3/28/1983 Lakeview Cemetery Hamilton Lo	county STATE
DHMH-16 50M 4/82 (VRA 15, 4) Alice C. Hall Purcellville, Virginia ADDRESS ADDRESS	RAR DEIG VALUE

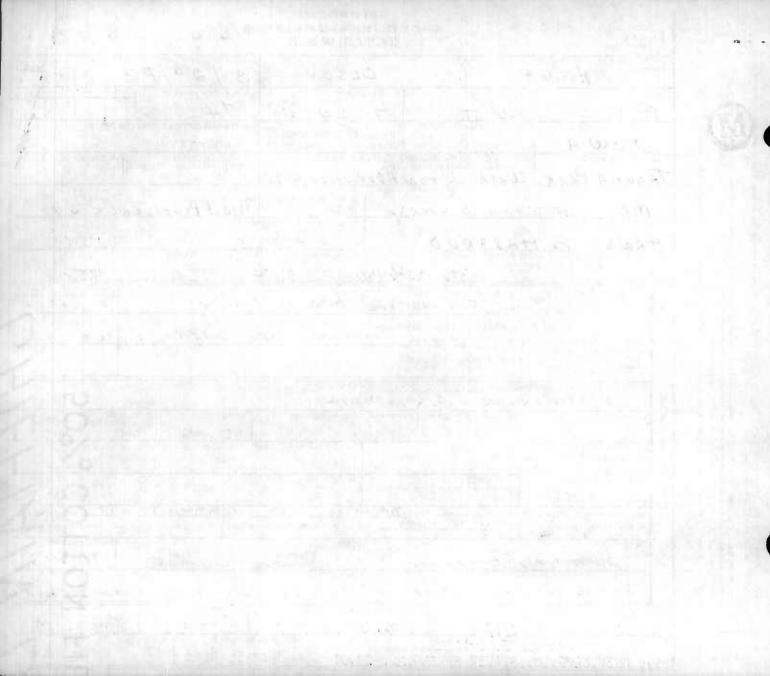


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN COMONTH (TYPE OR PRINT) ESTI-James DEATH MATED SEMale IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD COUNTY OF DEATH 7 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, GIVE STREET ADDRESS WHOLE SALE GROCER 13d. INSIDE CITY LIMITS? 13e_STREET ADDRESS 14 FATHER'S NAME MIDDLE MIDDLE EIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES SAME 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURHAL HEALTH AND ME AL, CREMATION lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tigo CERTIFICATION E DEPARTMENT OF HE 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DIVISION OF VITAL YES [210 EXTERNAL CAUSE WAS 2)b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: 17
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 Inspection 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion Inquiry death resulted from: Notural causes Accident Suicide Homicide ___ Undetermined monner TITLE (SPECIFY) DAILY ZVLY 198 EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c, NAME OF CEMETERY OR CREMATORY SUTTLAND BP. ADDRESS 5130 WISC. AVE. MW. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) WASHINGTON, D.C. 20M 4/82

8. 20015 A CONTRACTOR OF THE CONT Mark Mark Control of the Control of Land to the cont

500 UNIV. BLVD. W. SILVER SPRING MD. 20901

(VRA 15, 4)



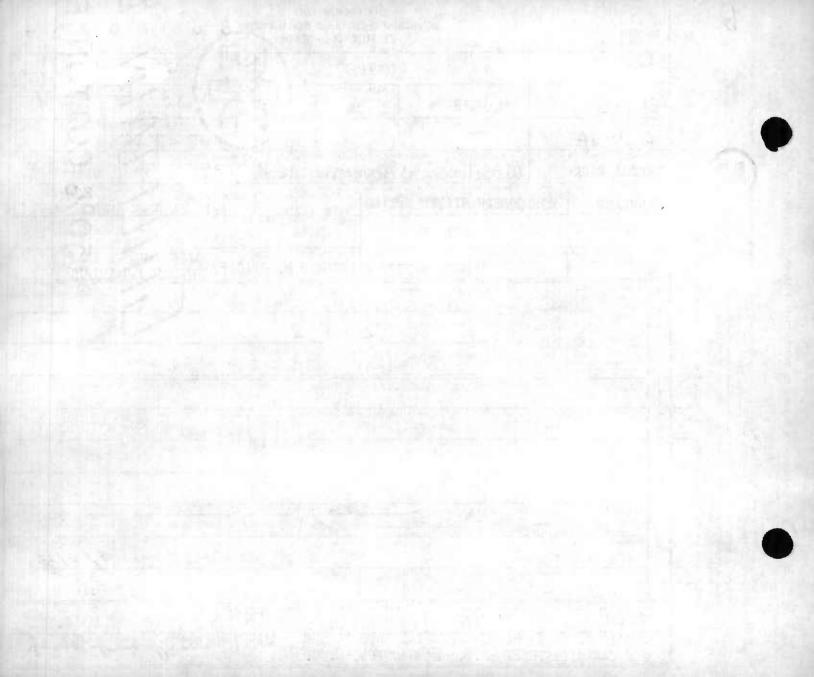
232 CARROLL STREET, N.W., WASHINGTON, D. C.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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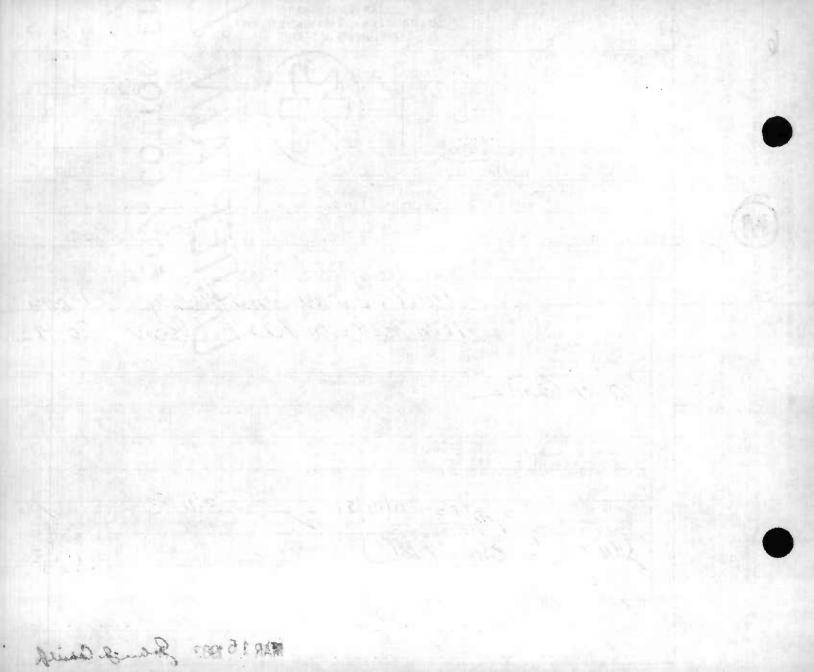
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		CEASED NAME	FIRST		MIDDLE	ı	AST	20.	DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUI	?
			CHARLE:	S C). P.	ATTER:	SON		March 11	1983	3	120	M
	3 SE	X		4 RACE		5. DATE C			GE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER	
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0		IRTHPLACE (STATE		76 CITIZEN OF	WHAT COUNTRY?	8	- D MENER 44 PRIER	9 B	ALTIMORE CITY O		OF DEATH		
7	KNC	OXVILLE,	TENN.	U.S.	A .	WIDOWE	DIVORCED	7	Montgon	erv			MD
1		ITY OR TOWN OF		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYF	USUAL OCCUPATION OF OF WORK FOR MOST O	ON			
0		AITHERSBU			METHODIS'		LAGE	AU	JDITOR		BANK	ING	
5	13a S	AL RESIDENCE (IF N STATE ARYLAND	13b COU! Mor	YTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Gaitherst	'N	13d Inside City Limits Yes XX NO	3	street address 01 Russel	l Ave.	20	76	0
209	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LAS	1	
5	Ja	mes Cast	leman	Patters	on		Blanche			Tho	ornburg	gh	
	160 V	WAS DECEASED EV	ER IN U.S. AR		16b. SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRE	SS		100	
	Y	ES OR UNKNOWN	W	WAT OR DATES	212 42 3	3433	WILLIAM F.	. PAT	TERSON (COLLEGI	E PARK	, MD	
	NO	underlying co	immediate of the use last.	(c)	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE T	TERMINAL	DISEASE OR CONI	DITION GIVE	N IN PART 16	0 9	<u>ES</u>
9	CERTIFICATION	198 DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		ES NO		WERE FINDING CAUSES		
9		210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A	CAUSE OF DE	NIN .	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCC	CURRED	ENTER NATURE OF INJUR	EY IN ITEM 18 PAR	RT I OR PART 2)	11	
	MEDICAL	21d. INJURY OCC	URRED	21e PLACE	OF INJURY EET, FACTORY OFFICE, F	ARM, ETC)	211. LOCATION STREET		CITY OR TO	Ida	COUNTY	51	ATE
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		22d PHYSICIAN	AME (TYPE C	PRINT)			22e ADDRESS				1	1	
		BURIAL, CREMATIC	N, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATO	ORY 2	3d. LOCATION CITY OF TOWN		COUNTY	51	ATE
		BUR		3/14/	83 FT	. LINC	COLN CEMETER	RY	BRENTWOO	D I	P.G. CO		
	74 FI	INERAL DIRECTOR)				250	DATE DEC	TO BY DECISTRAD	TEL DECICED	ADIC CICALAT	LIDE	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

12 RIDGELY FUNERAL HOME AVE.

MAR 15 1983



F. Gasch's Sons F.H. P.A. Hyattsville, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Toweau 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY DCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 7600 Carroll Ave. Takoma Park, Md. Cremation March 28,1983 Ft.Lincoln Crematory Maryland Brentwood P.G. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

REG. NO

DAY

IF UNDER 1 YEAR

INDUSTRY

Odgers

2b. HOUR

126. KIND OF BUSINESS OR

Univ. of Md.

5:40P .M

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR.

REGISTRAR

- STATE

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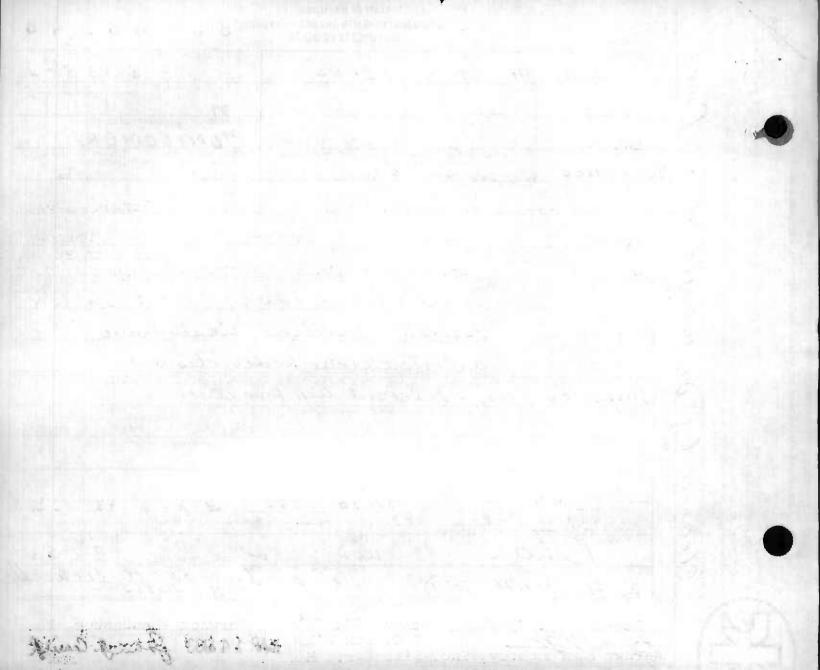
9. Caschis Some F. H. P. A. Hydlisville, Md.

7					STATE	OF MARYLAND				
8	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL	HYGIENE 8 3	0	8 0	41
	1. DE	CEASED NAME FIRST		WIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
nay be page 3	(ITPE	Virginia	Boy	d	Peab	ody	3 /17/	83		10: 30 PM
	3. SE		4. RACE		5 DATE C	FBIRTH	6 AGE (IN YEARS LAST BI	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
4 50 TO WAR	0	P	Cauca	sian	Marc	ch 16, 1926		YRS.	0.13	MIN.
2 1000		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8 AAADDIE	NEVER MARRÍED	9. BALTIMORE CITY		FDEATH	
S TANK	W	isconsin	United	States	WIDOWE		Montgon	ery		MD.
n pfter d		ty or town of death Lver Spring	(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)	R OTHER INSTITUTION G Center	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife		12b. KIND O INDUSTRY Home	F BUSINESS OR
nurs of file	USU	AL RESIDENCE HIP NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)				44	7
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill examiner myst be in		ampshire 136 cour	NTY	Hancoc		13d. INSIDE CITY LIMIT:	S? Valley Fa	rm 03	3449	
rtely 2 sho		THER'S NAME		1		15. MOTHER'S MAIDEN	NAME			
E, MAR		Joseph	MIDDLE	Boyd		Dorothy	Welles		LAS	1
		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	Jr. ADDR	ESS		
BALTIMORE, cote be executed to be ex		res no or unknown) (16 yes, gi	AE MAK OK DATES!	336-20	-0840	John D. F	Peabody / Sa	me as		
SALT ore b sicro pers ool.		18 CAUSE OF DEATH (Enter of	nly one couse pe	r line for (o), (b), o	nd (c).)				BETWEEN	MATE INTERVAL DISET AND DEATH
ST., E		PART I. DE ATH WAS CAUSI	ED BY: TE CAUSE (0)	candia	carr	est			MINU	Ten
		4212	DUE TO, C	R AS A CONSEOU	JENCE OF					
dep dep dep dep de	7	Conditions, if any, which	(b)_	4						
the the rem	03	gove rise to immediate cause (0), stoting the	DUE TO, C	R AS A CONSEQU	JENCE OF					
that d by ease ial, cr		underlying couse lost.	((c)							
os, 20 quires signe hen pl o buri	z	PART 2 OTHER SIGNIFICANT		710	7.7				IN PART 10	1
CORD	TIO	190 DATE OF OPERATION				N WAS PERFORMED	skin intechi	20b. IF YES, V	VEDE EINIDIN	ICE LISED
Serm se pr	CERTIFICATION	190 DATE OF OPERATION	198. CONL	THON FOR WHICH	OPERATIO	N WAS PERFORMED	YES TO NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
TAI The	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME (DE IN IURY		1216 HOW IN JURY OC	CURRED (ENTER NATURE OF INJ.	YES		NO 🗆
JAN: IAN: physical inficot inficot in 18 s		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	.M. MONTH		The troop and the	CONNED (ENIER NATURE OF 119)	K) III IIEM IB PAK	10072012)	
YSIC ding s cer went	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	_	OF INJURY	19	21f. LOCATION			_	
DIVISION OF VITAL RECORDS, 201 W. PRESTON DING PHYSICIAN: The low requires that the death concorder of the physician. After this certificate has been signed by the attending physician. The as the burial-transit permit. Then please remove cark oith and Mental Hygiene prior to burial, cremation, armarked at them 18 spaws ony injury, at ather traumation.	WE	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE	FARM ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
SR: A Se Heal		220.1 certify that (1) (this hasp	ital) attended t	he deceased fram.	83 .01	nd that in (my) (lour) opi	, ta	. 19		tho (1) we) lost
ATTE SSpirit SCTC d for f. of m 21	4	obove, (1) we) (did) (did no	view the bad	y ofter death.	, 01	0	nian death occurred an the o	ate and hour o		
OR he he he borner		226 SIGNATURE	Isle		L	DEGREE	NG MEDICAL STA	FF _	22c. DATE	7/CZ
PITAL by th by th EERAL State ANT: I		22d PHYSICIAN'S NAME (TYPE	TAIRBOOK			1220 ADDRESS	DIRECTOR PHYSI		1 -//	1183
FUN FUN PORT		Deborah	B 60/41		483	1106 Sp.	ring St, Silve	rsprm	19 N	anyland
5 5 5 4 3 X	23a. E	BURIAL, CREMATION, REMOVAL	4			EMETERY OR CREMATO	CITY OF TOWN		OUNTY	STATE
9997 BPL		Cremation	20, 19	983 C	edar I		tory Suitland		arylan	
DHMH - 16 50M 4/B2	24 FI	NERAL DIRECTOR Josep	h Gawl	er Son's	5		DATE REC'D. BY REGISTRA	251 PEGISTRA	4	
(VRA 15, 4)	W	isconsin Aven	ue N.W	. Washii	ngton,	D.C.	MAR 2 8 1983	John	2 Ca	help

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	_/	1			STATE	OF MARYLAND			
/		1.	FOR STATE REGISTRAR	DE		ALTH AND MENTAL HY	GIENE 8 3	0 8 0	4 8
1.	1		CEASED NAME FIRST	MIDDLE	LA	1	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	2 71 6	SITPE	HANN	AH H.	PE	ARL	3-	8-83	8.00 AM
	No Marie	3. SE.		4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	10 to 10		Female	White	MONTH	29 1886	97	RS.	HOURS MIN.
	2	Au. Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	□ NEVER MARRIED □	9. BALTIMORE CITY OR COL		
	1 97		Hungary	U.S.A.	WIDOWED		MONTGO	OMERY	MD
		10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OF		128. USUAL OCCUPATION		BUSINESS OR
10	5 33 40	R	OCKUILLE	Hewbrew Hon		eater Wash	Sales	Reta	il
212	no the second	USU.	AL RESIDENCE (IF NURSING	TOTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	36. INSIDE CITY LIMITS?	13e STREET ADDRESS	C	19999
N ON	2 體 %				naton	YES X NO	6611-16th	Street	20012
. X	2 te	14 FA	THER'S NAME	MIDDLE LA		S. MOTHER'S MAIDEN NA			
MAI	b land		Morris		tman	Esthe		Un	known
RE,	d co		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIA	L SECURITY NO.	7. INFORMANT		11-16th	
IMO	Pogn P		No	161-	-50-4686	Estelle P	. Marcuse Wa	shington	. D. C.
SALT	ote to	5	18 CAUSE OF DEATH /Enter or	nly ane cause per line for (a),	(b), and (c).	1			ATE INTERVAL
F.	rtifica phy smov	~	PART I. DEATH WAS CAUSE	TE CAUSE (a) Care	diove	Muone	ary acre		DEN
NC	h cending or reported		4140		ISEQUENCE OF			, ,	
ESTC	Sour Sour		Conditions, if ony, which	((b) 40551		ardia	e arrhyt	Luvia	
<u>a.</u>	the remo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF a	, ,	, , , 0		
3	that that roth roth		underlying cause lost.	arte	kiosclo	rotic her	art disca	26	
5, 20	gne gne buring	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110	
ORD	The single	ATION	Hyperlen	sion, S/P	Keeen	I wip F	racture.		
EC	low s be	1CA	190 DATOF OPERATION	196 CONDITION FOR V	WHICH OPERATION	WAS PERFORMED		IF YES, WERE FINDING ERTIFYING CAUSES O	
AL	The cion.	港					YES NO	YES	NO 🗆
LIV.	AN: hysicat tron 1 Hys	8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
Ö	SICI ng p ng p niol niol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19				
DIVISION OF	do do b	MED	21d. INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DIV	allo Parties of the or of the or of the or or the or or the or the or		AT WORK AT WORK	1	12	7.7	7		
	S Heo		220.1 certify that ## (this hosp sow the deceased alive on	7 0	62.5	30 19 82	- to <u> </u>		nat the (we) last
	A La Control		obove, (I) (we) (did) (did no	view the bady after death.			death occurred on the date and		
	O Dep O Dep		226. SIGNATURE	01		ATTENDING	MEDICAL STAFF	22c. DATE S	IGNED 2
	PITAL by # JERAL Stote deh Stote		100 A	cca	u	PHYSICIAN	DIRECTOR PHYSICIAN	1 15-8	-03
	O HOSP etoined I TO FUNE should be		224 PHYSICIAN'S NAME (TYPE O	AH MI	7	6105 MCL	trose Roc	id Roc	kvelle
	TO HOS retained TO FUN should the with the	22 - 6	LIGIAL COFFIATION DEMONAL	Ton Dave	J	AFTERV OR CREW AFORM	123d LOCATION	13<	
GGG	99BP	230. 6	URIAL, CREMATION, REMOVAL			Cemetery Beth EI	CITY OR TOWN	COUNTY	STATE
7/1	//9/	24 FI	Burial	3/9/83			Warwick L	ancaster	Pa.
	DHMH - 16 50M 4/B2 (VRA 15, 4)		The said of the	ADI	P.O. Bo		AR 14 4983 S	Mu S. Ce	Auck
	(VRM 13, 4)	-W	arner E. Pum	purey, Inc.	Sil. S	or., Md	0	V	



Rockville, Md.

Danzansky-Goldberg Chapels; 1170 Rockville Pike MAR 2 8 1983

250. DATE REC'D. BY REGISTRAR 244 REGISTRAR'S SIGNATURE

FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Part History and policy in installed in the state of LEAD BELLEVILLE BOTH BERTHER BUT AND STORE STORE

~		1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND N CERTIFICATE OF D		IENE 8 3	0 8	U	5 0
(Ma)			CEASED NAME FIRST OR PRINT)	ne B	Pemste	in		3-18-	VEAR 2	4.35 PM
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Jeath. Po uneral dii nin 72 hou ot once.			RTHPLACE (STATE OR FOREIGN OUNTRY), Shington, DC	7b. CITIZEN OF WHAT COUNTE USA	MARRIED NEVER M	AARRIED	Montgomer			MD.
s after a by the fu filed with		10. CI	VORTOWN OF DEATH	11. NAME OF HOSPITAL, NUR IF NOT IN SUCH FACILITY, GIVE STR		NOITUTI	120 USUAL OCCUPATION OF WORK FOR MOST OF HOME Make	WORKING LIFE) IN		BUSINESS OR
filled in nauld be f	35	USU A 130. S	L RESIDENCE (IF NORSING HOAL)	ONT SUPERSIDENCE BE	FORE ADMISSION) OWN 13d. INSIDE CI YES YES	ITY LIMITS?	13. STREET ADDRESS	wndale	Dr	20910
ed within mpletely ond 2 sh	50		olomon	MIDDLE LAST Blank		MAIDEN NAM FIRST a	WIDDLE		LAST Lewi	S
n and ca Pages 1	1		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV NO —	MED FORCES? 166 SOCIAL SE E WAR OR DATES) 578-	CURITY NO. 17 INFORMAT		8806	25		
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the death the attendiremaye car			Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECU	ystine 7	eart	Failure			
equires that n signed by Then please ta burial, cr		NO	underlying cause last. PART 2 OTHER SIGNIFICANT ((c) CONTRIBUTING 1	TO DEATH BUT NOT RELATED	TO THE TERMI	nal disease or cond	ITION GIVEN IN	PART 11a	
he law re an. has been r permit. ene priar	2	CERTIFICATION	190 DATE OF OPERATION		ICH OPERATION WAS PERFOR		YES NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES O	
SICIAN: ng phys certifica rial-trai frem 18	9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		ED (ENTER HATURE OF INJURY	Y IN ITEM 18 PART 1 O	R PART 2)	
DING PHY: ar attendid After this e os the bu alth and M			WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211	03	CITY OR TOW	VN CC	OUNTY Z	STATE
pital TTEN TOR: Tor us of He					ond that in (my)	(our) opinion o	leath occurred on the da		from the ca	at (I) (we) lost uses stated
SPITAL OR A d by the hos INERAL DIRECT I be detached the State Dept.			226 PHYSICIAN'S NAME INVECTOR	R PRINT)	DEGREE A	TTENDING	MEDICAL STAF		3/18	83
TO HOSPITAL retained by the TO FUNERAL should be defined the Stote with the Stote IMPORTANT:			MARIC 1	t. ElG. 1	1.0. 980		ORGIA AV	E. /514	ven	SPRIN
BP		- 1	URIAL, CREMATION, REMOVAL BURIAL NERAL DIRECTOR	3/20/83	IC NAME OF CEMEFERY OR C	Mem Ga	23d LOCATION CITY OR TOWN Falls REC'D. BY REGISTRAR	Church		STATE VA
DHMH - 16 50M 4/82 (VRA 15, 4)			ner E. Pumpl	nrev, Inc. Si	Box 7428 1.Spr.,MD209	O MAF	241983	sand	2 Con	uf

STATE OF MARYLAND

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6	1.	FOR STATE			HEALTH AND MENTAL HY	0 0	805
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. ne		CEASED NAME		. ^		- 1	.05
d ego	_	0	Ç.	U Me	~ C	6. AGE (IN YEARS LAST BIRTHDAY)	12,1983 4 P M
4 64	3. SE	X	4. RACE	3. DATE	OF SIRTH OAY YEAR	B. AGE TIN TEAKS LAST BIRTHDAT	MONTHS DAYS HOURS MIN.
- 8 UMS	_	Female	Caucas		28, 1911	9. BALTIMORE CITY OR COUN	S. S
4 30/10	70. B	IRTHPLACE (STATE OR FOIL	REIGN 76. CITIZEN OF	WHAT COUNTRY? 8. MARRI	D NEVER MARRIED	7. BALTIMORE CITY OR COOL	ATT OF DEATH
1 11 11		Carolina	USA	WIDOW		Tontgomery	12b. KIND OF BUSINESS OR
1 21 100	10.0	ITY OR TOWN OF DEAT	H III. NAME OF I	HOSPITAL, NURSING HOME	OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKIN	
5 1 11 16	113	etherda	Subur	ban Hospit	al	Saleslady	Dept. Store
2 4 4 4 4 5 W	13a.	STATE	3b. COUNTY	GIVE RESIDENCE BEFORE ADMISSION	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	20853
A 5 63 67	_		Montgomery	Rockville	YES NO		Branch Parkway
F 4 65 1	1	ATHER'S NAME	MIODLE	LAST	15. MOTHER'S MAIDEN NA	WIDOFE	LA5T
1 1 00 /0/	-			hitley	Nodie	nmn	Cone
DRE,		YES, NO OR UNKNOWN)	U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
A	L	lo	None	264-30-4268	Richard D.	Perry (SOn) S	ee 13 E
AL RECORDS, 201 W. P. The low requires that the on. has been signed by the formal Then places to enter prior to burief, one other to	TIFICATION	gave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNI 190. DATE OF OPPRATION	FICANT CONDITIONS CO	R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BU CILBUL TION FOR WHICH OPERATION	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION MYNLLEY 200 AUTOPSY? YES NOT	GIVEN IN PART 110 CALD YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
A Paris Pari	CERT	21a. ACCIDENT WAS UNDER			21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM	
SICO OF THE PARTY	EDICAL	OR CONTRIBUTING CA					
IVISION other this the this by h and M	MEDI	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK	LAT HOME CO	OF INJURY REET, FACTORY OFFICE FARM ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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ATTEN Spiral SCTOR 4 for un 11 in 21 is		saw the deceased abave, (1) (we) (dia	olive on 3/1. d) (did nat) view the body	after death 19 \$3,0	nd that in (my) (aur) opinion	death occurred on the date and	
Po P		22b. SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	arter dediti.	DEGREE		221. DATE SIGNED
CAL C		lyn	emi		My ATTENDING PHYSICIAN Y	MEDICAL STAFF	3/11/43
O HOSPIT bained by O FUNEE OPORTAN		224 PHYSICIANS NAM			220. ADDRESS	0.50	NST
51 57 W	100			AMINA	1 (Cocken)		1813
RP		BURIAL, CREMATION, RE		Cedar H	EMETERY OR CREMATORY ill Crematory	Sufferior Pr	ince Geo., Md.
01	24. F	remation	Mar 1)	,1983			
DHMH - 16 50M 4/82 (VRA 15, 4)	5	SOI Clevels	nambers and Ave, Riv	erdale, Md.20	804 MÂ	R 1 7 1983	2 Cohield

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Femile siste dans 22,1335 VI . A. B. E Jone Maker - At Home . A nimornation - nim id. and dontempty demands EQ 1010 0.577 [354-54-55 William D. Perry 320 Fortsionth Cremetion | 5/0/1983 | Colet Will Gremotory 573 is ve. Jos. Garler's Jone Marington, . . .

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-			REGISTRAR CEASED NAM	F FIRST		ME	MIDDLE	CAMUIA		AST	CATE	JF UEA	20. DATE	REG.		ONTH	DAY	YEAR	26 HOUR
,	War awar		OR PRINT)	Meksav	anh		nmi	D	2002					ESTI- MATED		3			1.0.0
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1	150	Ma.	le	Asian	Jan	1. 17,	1959	24 YR		DAYS	HOURS	MIN	PRONOU	NCED		3	26	983	8:06
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	225	Vie		, Laos		los			WIDOW	D	DIVORC	ED D		ntgom					MD
	E A R B B		TY OR TOWN			NOT IN SUCH FA	PITAL, NURS	ET ADDRESS)			NOIT	12a. USU FOR A	AL OCCU	PATION (1 RKING LIFE)	TYPE OF W	VORK I	2b KINI OR	d of bu Industr L Y Ce	SINESS
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MD. 21201	AND 3	13a S		115 IN NURSING NOME OF THE NURSE NOME	YTY		136. CITY O Rockv	BIOWN		YES X	(ITY LIMITS?		Mon1	roe S	t.,	Z	ip 2	0850)
MD.	LING I	14. FA	THER'S NAME		MIDDLE		ĮĄ.	ST		15 MOTH	ER'S MAID	EN NAME	,	MIDDIE			1/	AST	
	TS KAN 97		Som	Pho	u _		Phanna	vong		(Chantl	ıy				Sar	vath	l	
BALTIMORE,	JRS AFTER I 3. GIVE PA WITH FC 1. PAGES I DIVISION	no no	AS DECEASE S. NO, OR UNKNO	D EVER IN U.S. AR, DWN) (IF YES, GIVE			213	98 24	96	Bang		Phan	navoi	addre 1g -W:		- Se	e #	13	
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NO	PERMI		700	IMMEDIA	TE CAUS	ot (0)	Indeter			3			1				-		
PRESTON	ITHIN 24 H CIL IN ITEA VER ALON ANSIT PER AL HYGIEN REMOVAL		Canditia	ns, if any, which		DUE TO, OR	AS A CONSI	EQUENCE	OF.										
	3 Z = 2 L 2		gave ri	se to immediate) stoting the under-	2	(b)	AS A CONSE	QUENCE)F			-	7				-		
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	X Y A B A S		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBU	TING TO DEATH	BUT NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITIO	ON GIVEN IN PA	IRT I (a).							
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I R		CERTIFICATION	190. DATE OF	OPERATION		19b. CONDIT	TION FOR WI	HICH OPER	ATION W	AS PERFO	RMED?						20 AL	JTOPSY?	
VII	CHIEF OF CHI	RTIF			1111												_	s XX	NO 🗆
DIVISION OF VITAL RECORDS,	AHESES			AL CAUSE WAS OR NG CAUSE OF		11b. TIME OF HOUR A.M	NONTH E	AY YEAR		W INJUR	Y OCCURRE	ED (ENTER)	NATURE OF IN	IJURY IN ITEM	18 PART I	OR PART	12}		
SION	ERTIFIC ING TH S SHOLL PRORT	MEDICAL	CONTRIBUTI			P.M	OF INJURY	19	21f LOC	ATION									
N	m = m ~ e ~	ME	WHILE AT WORK	NOT WHILE			TORY, FARM, ETC.			REET			CITY OR TO	NW(COU	NTY		STATE
	E, WRIT RWARDE PAGE 3 STATE P, 21201			AT WORK						VV	-		-						
	EXAMINER: CERTIFICATION ULD BE FOR: DIRECTOR: 7, WITH THE: MARYLAND		220 I certi	fy that I taok charged from: Notu	-	remoins des	cribed above	, held an	Autops	_	Inspectio		Inquiry		and in 1	ту орг	nion		
	CAM ERTIF D BE IREC WITH ARYL		death result	ed from: 19010	11	/ Hetting	VII	1			SPECIFY)	Undere	erminea m	anner	٦,				
	AL DOUGH		ACTUAL SIGNATURE		11	our	uf /	nu	Som	Depu	ty Ch	ief MED	ICAL EXA	MINER		DATE	3	3-27-	-83
	NOR DEA	1	EXAMINER'S	NIAME -	0,		00		1										193
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALTIMORE, MARYLAI		(TYPE OR PRI	NT) T 110			ith, M			ADDRESS_				Stree	τ				
	FULL AB	. (5	PECIFY)	TION, REMOVAL				ME OF CEA					CATION	14-		COUNT		ST.	ATE 1
	BP_/Y/	Bu 24 FI	rial	TOR Daharat	lar.	50,19	83 St.	Luke	Leme	tery	25a. DATE		WOOD	Mon	tgor	ner	у Ма	iryla	and
	DHMH - 17 (VR A15 ME (5))		NAME	Robert			-		HOHE	,	MAR	311	983	John	2	LG	aure	4	
	20M 4/B2	Р.	4.	KO	CKVI	ille,	Maryla	na			1414 11.		- 4					-	

MARS I WAS June Care

5130 Wisconsin Ave., NW, Washington, D.C. 20016

DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13e STREET ADDRESS

18700 Walkers Choice Rd.20879

2b. HOUR

OF BUSINESS OR

NO [

STATE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0
I. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	Y YEAR
(TYPE OR PRINT) Henrie:	tta Elizabeth	Phillips	March 27	183
3. SEX	4. RACE	5. DATE OF BIRTH		UNDER 1 YE
Female	White	Nov. 29 1910	72 YRS. MO	ONTHS DAT
70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	F DEATH
Illinois	U.S.A.	WIDOWED DIVORCED	Montgome	ery
18. CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KINI
Rockville	Collingswood N		(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	INDUSTI

15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE A. Dicks Josephine 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Lincoln St. Thomas M. Phillips London, SW3 APPROXIMATE INTERVALENTE BETWEEN ONSET AND DOOM 18 CAUSE OF DEATH (Enter only one couse per line for toy (b), and icit

134. INSIDE CITY LIMITS?

1991	DUE TO, OR AS A CONSEQUENCE OF	ett urkrows	
anditions, if any, which	(b)		
ove rise to immediate ouse (a), stating the nderlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
T 2 OTHER CICALIEICANT	(c)	TED TO THE TEDANINAL DISEASE OF CON	IDITION CIVEN IN PART 1:

190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

13c. CITY OR TOWN

Gaithersburg

CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 19

P.M 210 PLACE OF INJURY

714 INJURY OCCURRED (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE

Sanford N. Richman, M.D.

22. 17500 OLD GEORGETOWN ROAD NORTH BETHESDA (ROCKVILLE) MD 20852

211 LOCATION

DEGREE

23c NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

our) opinion death accurred on the date and hour and from the causes stated

COUNTY

136. COUNTY

Montgomer

Calvary Cemetery

Chicago Illinois Cook 250 DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATURE APR 4 1983 Com & Com

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

316 E. Diamond Ave.

Burial

Gartner Sandison F. H. Gaithersburg.Md.20877

23d LOCATION

CITY OR TOWN

COUNTY

25 Vos 95 Vos en la ellerate en la estada de la companya de la co eyens. An engage of the control of t - adingsood stoll in mionichali II July-13-128 | Tungas Mr #4111rs Touron, D.S. 2014st BUSINESS OF THE PROPERTY OF TH South and country a period years 21 E'S The state of the s

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX WHITE Female TE BIRTHPLACE I STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED POLAND U.S.A. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION TINISHER WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF HURSING HOM) OR OTHER INSTITUTIO GIVE RESIDENCE BEFORE ADMISSIONS 13e STREET ADDRESS 13c CITY OR TOWN 3d INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 600 HILLSBORD YES X NO F A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LEBE EINBINDER SHANDEL (UNASCERTAINABLE) ADSTELVER SPRING, MARYLAND 16b. SOCIAL SECURITY NO 17. INFORMANT 16n WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 050-01-0412 SAUL PINCUS, 600 HILLSBORD DRIVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CONSEQUENCE OF Clerote Cardiovanula Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE SHOW couse (o), stoting the underlying couse lost. PART 2. OF RISIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

NE DATE OF OPERATION

27s.1 certify that (I) (this hospital) attended the deceased from

73b. DATE

19h: CONDITION FOR WHICH OPERATION WAS PERFORMED

TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE PARM, \$10

TIE PLACE OF INJURY

TH LOCATION

The AUTOPSY?

NOF

DITY OF TOWN

YES [THE HOW INJURY OCCURRED (ENTER NATURE OF HOUSE IN VIEW IS PART I DRIFTED TO

18h IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

STATE

NOT

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 725 SIGNATURE DEGREE

22e. ADDRESS

AN'S NAME ITTH CARRING

21s. ACCIDENT WAS UNDERLYING

WARE |

OF CONTRIBUTING CAUSE OF DEATH LIFERTHER, NOTIFY MEDICAL EXAMINER: 214 INJURY OCCURRED

TOTAL TOTAL

231 NAME OF CEMETERY OR CREMATORY

FLUSHING, LONG ISLAND, Norty.

BURTAL MATION REMOVAL

DHMH - 16 50M 4/B2 (VRA 15, 4)

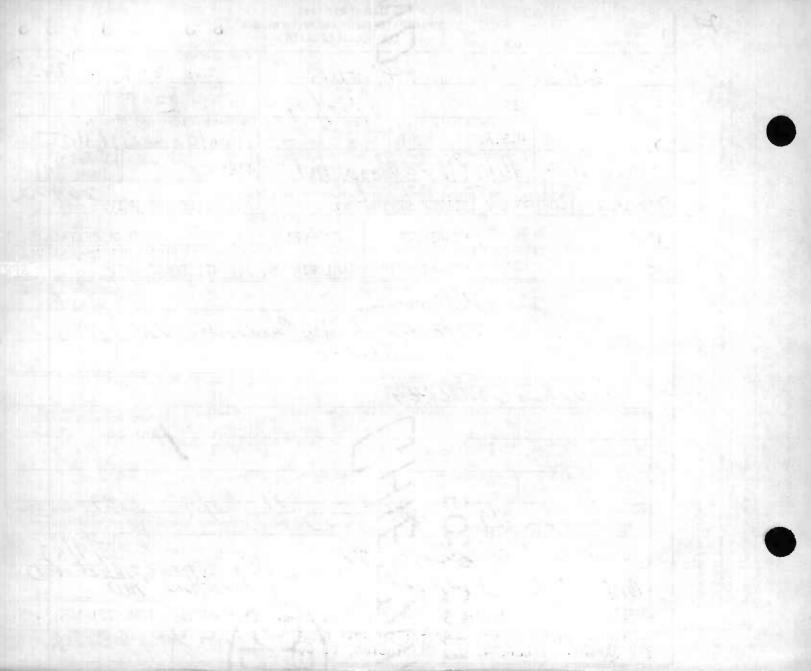
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CARROLL STREET. N. W. . WASHINGTON, D. C.

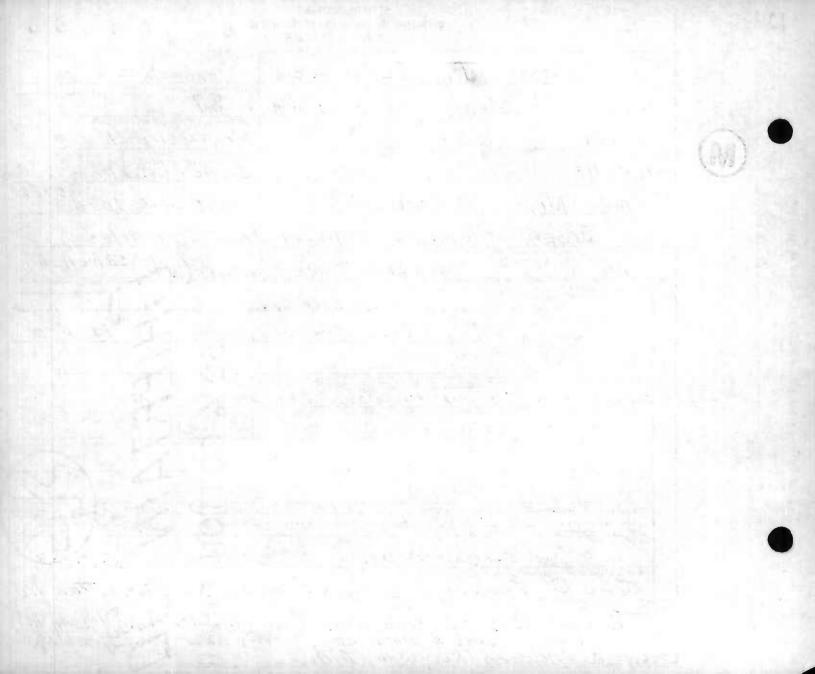
MOUNT HEBRON CEMETERY

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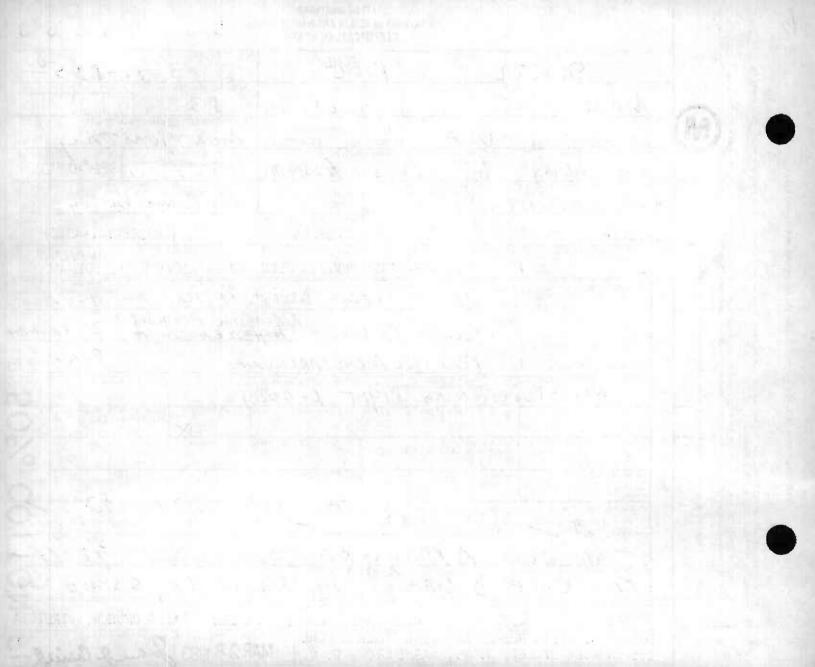
					STATE OF MARYLAND		
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			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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	371	1. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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(mm	22		Mdi	U.S.A.	WIDOWED DIVORCED	MONTGOME	RY MD.
(IVI)	00	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
V	00	15	OCK VIIIE	Shady Grove	Advented Hospital	Jantor Tretin	As I II will
d be	21	13a	AL RESIDENCE (IF NURSING HOME O	ITY / TI3mCITY OR TOV	VN/ 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	20786
	2		Ma. 140	nty, Gaither	SOUND YES NO 1	14520 JONE	slane
0 _ 0	1-	14 F/	ATHER'S NAME	AIDDLE OI LAST	J IS MOTHER'S MAIDEN NA	ME	/ IAST
dua de	55	10	VOSE	H Plumme	ER MARY.	JAME SWA	71/es
nd co				WED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	50 mp 451/1-
			NO	212-14	-3635 MAMIE P	ummer (wite	Sulle 113# 13
y sici			18 CAUSE OF DEATH (Enter of	y one cause per line for (a), (b), a	nd (C)	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0.00					ation premier	and .	48 hours.
		15	1850	DUE TO, OR AS A CONSEQU	JENCE OF		
te de			Canditions, if any, which	(16) Prosto	etro Carci	your	17 bears
the remo		12	cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		J
- 0 -			underlying cause last.	lc .			
9 0 1			PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 1(o)
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s be print	dia	CA	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
ion in per	den	RTIF	2/3/83	Tulestina	obstruction		ES NO
hysic ficot from Hyg					21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2]
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ST P		AEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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b ho chechechechechechechechechechechechechec			22b. SIGNATURE	1	DEGREE	/	22c. DATE SIGNED
			tollu	c tawa	TULO - PHYSICIAN [DIRECTOR PHYSICIAN	3/2/83
od b			22d PHYSICIAN'S NAME (TYPE C	-	22e ADDRESS	1 1 01 7	1
to Fu			JOHN G.	-AWCEH, M	.D. 16610 Jugar	land Kd Ha	rnestour, Md.
5 F 2 3 ₹		23a. E	SPECIFY THE TON PEMOVAL			23d LOCATION	LOUNTY DA A STATE - A
BP	VI.		DURIAL	3-5-83 Y	oblar Grove Cem	6 Athersbu	ra Monta Md.
I - 16 60M 7/73		24-FI	INERAL DIRECTOR	246 Nock 4	JASh. ST. 250. 1996	RECO. BY REGISTRAR 256 REGIS	TRAPS SIGNATURE
/R A 15 (4))		10	2019e K. 200	uden Kock	ville Md		
1	retained by the hospital or attending physicion. TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely filled should be detached for use as the burial-transit permit. Then please remove carbon appears. Pages 1 and 2 should with the State Dept. of Health and Manal Hygiene prior to burial, removal. IMPORTANT, if term 2 1 is marked for them 18 have ony injury, or other transmissions are marked as a fine of the property of them.	retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and completely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, tremation, or remaval. IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examiner must	TO FUNERAL DIRECTOR. After this certificate has been signed by the otherding physicion and completely filled in should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be 1 months as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be 1 months as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be 1 months as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be 1 months as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be 1 months as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be 1	DECEASED NAME (TYPE OR PRINT) I. SEX A BIRTHPLACE ISTATE OR FOREIGN COUNTRY) 10 CITY OR TOWN OF DEATH COUNTRY) 110 CITY OR TOWN OF DEATH COUNTRY) 111 FATHER'S NAME FIRST 112 STATE 113 STATE 114 FATHER'S NAME FIRST 115 CAUSE OF DEATH FIRST 115 CAUSE OF DEATH FIRST 116 WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) 117 FATHER'S NAME FIRST 118 CAUSE OF DEATH FIRST 119 CAUSE OF DEATH FIRST 119 CAUSE 119 CAUSE OF DEATH FIRST 120 A COLOR OF ORD OF ORD TO THE PART I. DEATH FOR IT OF ORD TO THE PART I. DEATH FOR IT OF ORD TO THE PART I. DEATH FOR IT OF ORD TO THE FIRST 118 CAUSE OF DEATH FIRST 129 A COLOR OF ORD TO THE PART I. DEATH FOR IT OF ORD TO THE PART I. DEATH FOR IT OR TO THE PART	REGISTAR 1. DECEASED NAME FREST MIDDLE 1. SEX ALE 1. DECEASED NAME FREST MAN 1. SEX ALE 1. DECEASED FOR THE FREST MAN 1. DECEASED FOR THE FREST MAN 1. DECEASED FOR THE FREST MAN 1. SEX ALE 1. DECEASED FOR THE FREST MAN 1. SEX ALE 1. DECEASED FOR THE FREST MAN 1. SEX ALE 1. DECEASED FOR THE FREST MAN 1. DECEASED FOR THE FREST MAN	TO THE STATE AND MENTAL HYG REGISTRAR 1. SEX 1. DECEASED NAME (IPPE OF PRINCH) 1. SEX 1. S	DEPARTMENT OF HALTH AND MENTAL HYGIENE REGISTRAR DECEASED NAME TRILL NAMED OF THE PROPERTY TRILL OF THE PROPERTY TR



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NECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET,	10 C	ITY OR TOWN OF DE	MAKK	USA 11 NAME OF HOS		PSING HOME	WIDOW		NORCED L	USUAL OCCU	tgome			MD
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SWIND NO.			ATH (Enter only	y one cause per line			, , ,	CHALLE		Poat, S	r	uspan	APPROXIM	ATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITHOG THE WORD." IN PEROLI. IN ITEM 18 REDED TO THE CHIEF MEDICAL EXAMINER ALONG WEBDED TO THE CHIEF MEDICAL EXAMINER ALONG TO SEE A BURIAL. "REANSIT PERMIT." E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART I DEATH V	WAS CAUSED	BY:	247	LUNIC	1 1	16.6x 4	win m	. / X	0V7	40	BETWEEN ON	SET AND DEATH
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VISIO CERTIF TING SED TO 3 SHC DEPAI PRIC	MEDICAL	21d INJURY OCCU	RRED	21e PLACE ((AT HOME,		CATION						
DIVISION OF VITAL R RER: THIS CERTIFICATE SHOUL CATE, WRITING THE WORD "P PREWARDED TO THE CHIEF OR: PAGE 3 SHOULD BE USED HE STATE DEPARTMENT OF HE ND, 21201 PRIOR TO BURIAL,	2	WHILE NO	T WHILE C] SIREET, PACT	ORT, PARM, E	:(C.)	,	IKEET		CITY OR TO	IWN	CC	YTMUC	STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE. WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		220. I certify that	t I took charge	e of the remains des	cribed abo	ave, held an	Autops	sy . In	spection	Inquiry		and in my a	pinian	
CT FEE		death resulted fra	m: Nature	ol causes	Accident	50	icide .	, Homicide	Un Un	determined m	anner],		
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5×45×48	23o. B	URIAL, CREMATION, SPECIFY) Burial		3b. DATE				RCREMATORY		LOCATION		cou	INTY	STATE
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O. P.	ding physic tanking physic certifical burial-troid mental Hyper 18	_	OR CONTRIBUTING CAUSE OF DEA	ain -	.M. MONTH M.	DAY YEAR					
ISION	PHYS tendin the burned Med or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	210 PLACE	OF INJURY	FFICE, FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	C	OUNTY	STATE
NG.	DING or of or of se os t se os t solth mork		22s. I certify that (I) (this hospi	tal) attended th	ne deceased fi	rom Ci	NCA 19 19	70, 3/22	- 19	F3. that (l) Intel lost
	OR ATTEN te hospital DIRECTOR sched for us Dept. of He		naw the decembed alive on above, (I) (will did a	3/2 Ti view the body	ofter death.			death occurred on the date of			
	L OR he he to tochede be Dept		22b. SIGNATU		xn	100140	ATTENDING PHYSICIAN	MEDICAL STAFF		25 DATE SIGNI	10>
	SPITA d by NERA be de e Stot		THYSICIAN'S NAME (TYPE C	OR PRINT)	NI	no	220. ADDRESS	DIRECTOR PHYSICIAN		100	0 5
	TO HOSPITAL (retoined by the TO FUNERAL [should be deto with the Stote [MAPORTANT; #		TAWREN	ce l	S. MA	naus	11(1 Sph	LING JM,	S.J.	MD	20710
	BP		URIAL, CREMATION, REMOVAL BURIAL	3/25/	1983		VID MEMORIAL	GARDEN FALL	S CHUR	CH. VIR	CTNIA
	DHMH - 16 50M 4/B2		DUNALDOM: STEIN				RAL HOME 250. DA	TE REC'D. BY REGISTRAR 255	EGISTRAR'S	SIGNATURE	
	(VRA 15, 4)		232 CARROLL STR					IAR 2 8 1983	hung	2 Carre	



1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	8	0	6	1
Cal.	14	43		

1	REGISTRAR		CERTIFI	ICATE OF DEATH	REG, N	10.	
i	1. DECEASED NAME	MIDDLE		AST		MONTH DAY YEAR	2b HOUR
		rence :	r Pe	DORE.	m	ARCH 75 19	83 11374
	3. SEX	4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BI		EAR IF UNDER 24 HRS
	Male	Caucasian	May	2 DAY 1894	88	YRS.	HOURS MIN.
-	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	AAADDIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
A	Washington, D.C.	United State	es WIDOWEI	3.7	Montgomer	y County,	MD.
ĺ	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH EACILITY, GIV		R OTHER INSTITUTION	12ª USUAL OCCUPAT	ION 12b. KINI	D OF BUSINESS OR
ı		Potomac Valle	ey Nursin	g Home	Admin. Man		Motor Co.
-	130. STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE ITY 13c. CITY O		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
		gomery Potor	mac	YES X NO	11616 Seve	en Locks Ro	ad 20854
1	14. FATHER'S NAME	WIDDLE LA	AST	15 MOTHER'S MAIDEN N	AME		LAST
G	Walter	Poor	re	Clara		Atchi	
	160 WAS DECEASED EVER IN U.S. AR/	WAR OR DATEST		17. INFORMANT SO		EssKent Road	
	Yes WW I	225-1	LO-1430	James C. Poo	re Laurel	l, Maryland	20707
	18 CAUSE OF DEATH (Enter onl	y one couse per line for (o).	(b), and (c)	1	,	APPP BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DE ATH WAS CAUSED IMMEDIATE	E CAUSE (o)	urdia	e Arres	l		
Ī	4409	DUE TO, OR AS ATTON	SEQUENCE OF	- 1 1			
	Conditions, if ony, which	(1b) 121	enerales	new Arts	mordeo	ie /	cas
1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF			/	
1	underlying couse lost	(c)					
	PART 2. OTHER SIGNIFICANT C	onditions <u>contributi</u> n	G TO DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
4	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING						
-	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FIN IN CERTIFYING CAUS	
4	21a. ACCIDENT WAS UNDERLYING				YES NO	YES [NO 🗌
	an course of a course of a course of the cou	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART L OR PART	2)
ı	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19				
1	216 INJURY OCCURRED WHILE NOT WHILE N	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
1	AT WORK AT WORK		0		/	, - c 7	
1	22a I certify that (1) (this hospital saw the deceased alive on _	7	52/	lly , 19 8			, that (I) (e) lost
١	obove, (I) ((did) (d			d that in (my) (out) opinion	1 death occurred on the d	ate and hour and from t	he couses stated
	22b. SIGNATURE	118	D 2	PEGREE ATTENDING	MEDICAL STA		ATE SIGNED
-	Xame	2 WCG	an /1	PHYSICIAN	DIRECTOR PHYSIC	IAN 3	25-83
1		PRINT)		22e ADDRESS	C-11	n u	
1	James	· LX5/1	-N	57/3	edar L	4- 3+1h	say mo
	230. BURIAL, CREMATION, REMOVAL (SPECIEY)	23b. DATEMarch 29. 1983		METERY OR CREMATORY	23d. LOCATION	• COUNTY	3 STATE 2
	Burial	29, 1983	Gate of	Heaven	Silver	opring	Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

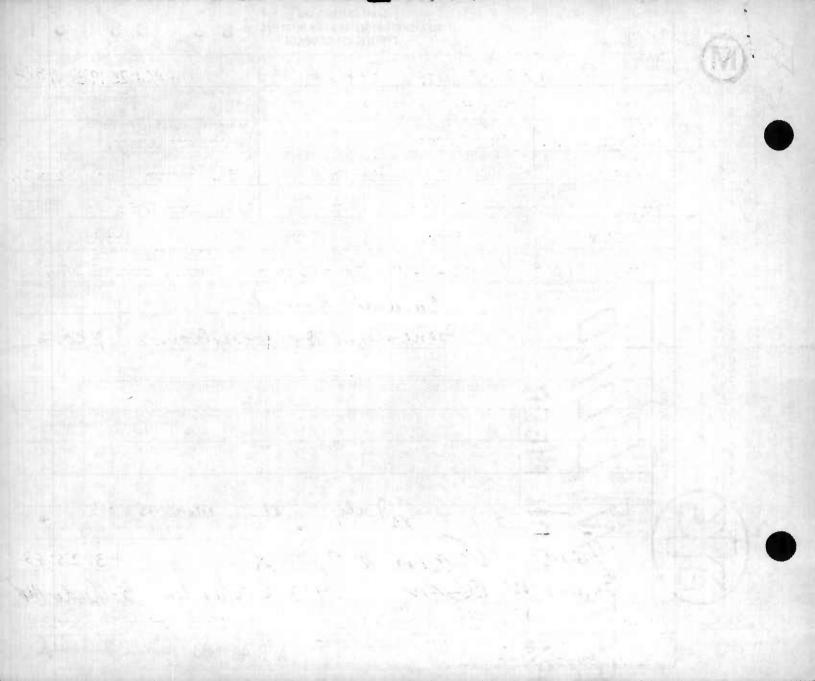
IMPORTANT: If Item 21 is

physician and completely filled in by the funeral director npopers. Pages 1 and 2 should be filed within 72 hours of

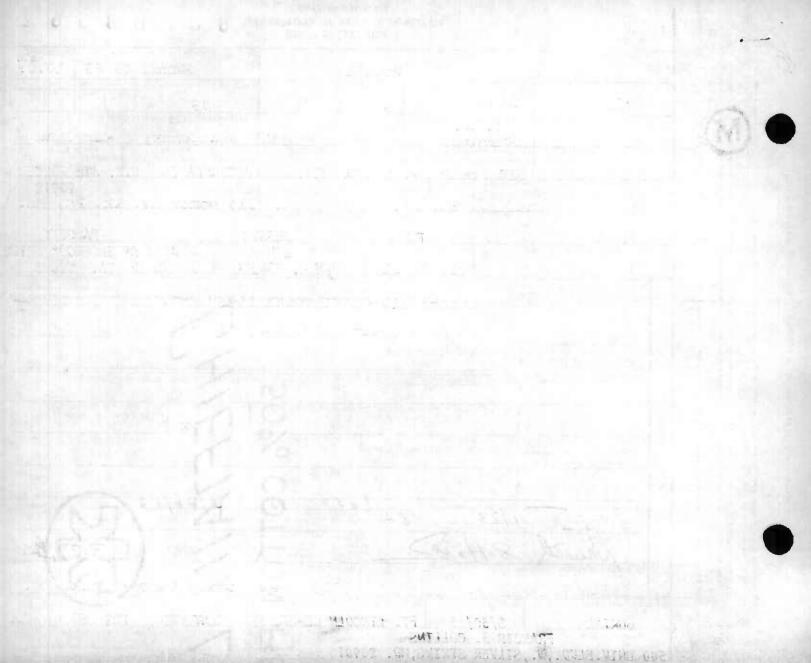
Robert A. Pumphrey, Funeral Homes, Bethesda, Maryland

Silver Spring APR 4 1983

Maryland



			FOR			DFI	PARTMEN		OF MARYLAND	TAL HYG	ENE (3	-2	0	8 0	6 2
17000		1	STATE REGISTRAR						CATE OF DEAT		0	REG. NO.	O	O C	, de
6			CEASED NAME FIR	ST		MIDDLE		LA	51		20. DATE OF	DEATH M	ONTH DA		26 HOUR Pm
be deorth				lph			P	owe	11			Mar	cch 2	6 83	10.0%
m de les de		3. SE	(RACE		5.	DATE O		YEAR	6. AGE (INY	ARS LAST BIRTH	DAY) IF	UNDER I YEAR	IF UNDER 24 HRS
			Male	1	White			9-2		TEAR		79	YRS.	04.3	MIN.
	(1)	7a. BI	RTHPLACE (STATE OR FOREIG	N 76	CITIZEN OF	WHAT COU	VTRY? 8.	AARRIED	NEVER MARR	IED 🗆	9. BALTIMO	RE CITY OR	COUNTY		
	00	10 61	Texas		XXXXXX			DOWE		CED X		tgome			yland MD.
os s off iled madid	1		TY OR TOWN OF DEATH	- ["	IF NOT IN SU	H FACILITY, GIVE	E STREET ADDR	RESS)	R OTHER INSTITUT	ION	120. USUAL C	FOR MOST OF V		INDUSTRY	
n by	10	USUZ	AL RESIDENCE (IF NURSING H	OME OR OT	516 D	OME PESIDENC	AV.	Tk.	Pk, Md.		ACCOU	NTANT		S. AI	R_FORCE_
AND 2 24 hc filled i could b	24	13a. S	TATE 13b.	COUNTY	Υ	13c. CITY OF	RTOWN		13d. INSIDE CITY L		13e. STREET A				20912
2 2 0	11		THER'S NAME	Mon	t.	Tk.	Pk.		YES NO		516 D	omer	Av.	Tk.	Pk, Md.
MARYI ed with mpletel ond 2 s	10	14. FA	FIRST	MIC	DOLE	LA			FIRST			MIDDLE		LI LI	NST
5 9- 4	ער	11 11	FIRMAN	C + D + + C	L.	10 50611	PIOWE		11	<u>JESS</u>	IE	ADDRES	c		DGETT
IMORE e exect n and c Pages					VAR OR DATES)	16b SOCIA	LSECURITY	NO.	17. INFORMANT	SON				RINGB	ROOK DRIVE
E 50 6			NO			413-	03 - 5	108	JOHN R.	POW	ELL	ANNAN	DALE,	VA.	22003
rificate physici paper novol.			18 CAUSE OF DEATH (En	ter only	one cause per	line far (a),	(b), and (c)	.1						BETWEEN	XIMATE INTERVAL
ST., griffie on p						Pancr	eati	CC	ancer w	ith	liver	Met			
he death certifue of the offending pemore corban imption, or rem			1514			R AS A CON									
deo deo otte			Conditions, if ony, whi		(b)_	Chron	ic 0	bst	ructive	Lun	g Dis	ease.			
. PR			gove rise to immedia cause (a), stating t	he	DUE TO. O	R AS A CON	SEQUENC	E OF							
thot if the sase rease rease re othe			underlying couse la	st.	((c)										
quires the quires the signed b then pleas to buriol,		z	PART 2. OTHER SIGNIFIC	ANT CO	NDITIONS C	ONTRIBUTIN	G TO DEA	TH BUT I	NOT RELATED TO	THE TERM	NAL DISEASE	OR CONDI	TION GIVEN	IN PART 1	(a
OR reen		CERTIFICATION	19a. DATE OF OPERATION	-	Tigh COND	ITION FOR V	VHICH OPE	PATION	WAS PERFORME	D	20a AUTO	PSY?	20b. IF YES,	WERE FIND	INGS LISED
REC.	7	FIC.	INC. DATE OF OFERATION		170. CO. 10	IIIOI VI OK V	vine i oi i		WASTERI ORME				IN CERTIFY!	NG CAUSE	S OF DEATH?
VITAL AN: The hysicion ficote h fronsit p I Hygier 18 shov	1	ERT	210. ACCIDENT WAS UNDERLYI	vc 🗆	21b. TIME C	E INHIBY		_	21c. HOW INJURY	OCCUPP	YES	NOM	YES		NO 🗆
PFVI		_	OR CONTRIBUTING CAUSE			M. MONT	H DAY	YEAR	THE TIO W HOJOKI	OCCORR	LD (ENIEKNA	UKE OF INJURY	IN TIEM 18 PAR	1 (ORPARI 2)	
NSKC ding s cert buriol Menth	7	MEDICAL	(IF EITHER NOTIFY MEDICAL EX	AMINER)	P. 21e. PLACE	M.		19	211 LOCATION						
PHY rendi this he bu		ME		7	(AT HOME, ST	REET, FACTORY, O	OFFICE FARM	ETC)	STREET			CITY OR TOWN	N	COUNTY	STATE
	- 1		AT WORK AT WORK				-	-/		-6	-	12/1	1	-	
TEND or USE of Heal			22a I certify that (I) (this				from_	71	24 , 19	18	, to	1001	A.S., 19		, that (I) (was lost
R ATTER Hospith Hospithed for spt. of spt. of sem 21			sow the deceased oli above, (I)	did not)	view the body	after death.	19 0 0		that in (my) (aur)	opinion c	eoth occurred	on the dote	e ond hour c	ind from the	couses stated
OR her			22b. SIGNATURE	L	8.1	Luc	>	D		IDING A	MEDICAL	STAFF		3/22c. DAT	SIGNED
PITA by EERA Stot Stot			22d. PHYSICIAN'S NAME	TYPE OR P	RINT)				22e ADDRESS	ICIAN A	DIRECTOR	PHISICIA	111		
TO HOSPITAL of FORTING BY the TO FUNERAL Ishould be detoo with the State Independent in Maportanii.			Cmi+h C	Цо	MD				8323 Н	2440	n Dri	₩.	a koma	Dar	k Ma
of of shoot with with the shoot of the shoot	-	23a F	Smith S.		23b. DATE	•	1231 NAM	NE OF CE	METERY OR CREM		23d LOCA		INOMA	rar.	K. Pid.
BP			SPECIFY)	O'AL		162					CITY	DR TOWN		RI GE	O MD.
		24 FI	BURTAL UNERAL DIRECTOR	TDAL	3/30		FT.	LIN	COLN CEME		REC'D. BY RI	NTWOOT			
DHMH - 16 50M 4/82	2		NAME		ICIS J.			00	0.01	AF	R 4	1983	John	2	Court
(VRA 15, 4)		50	O UNIV. BLVD.	, W.,	SILVER	SPKIN	NO.MU.	. 20	701				//		7



10		1,	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	YGIENE 8 3	08063
		1'	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	be oth		CEASED NAME FIRST	MIDDLE STEI	PRICE	20. DATE OF DEATH MO	21 10.83 1000
	yom g	3. SE	- WAR	1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO)	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
			remale	White	Jan. 18 09	74	YRS. DAYS HOURS MIN.
	deading in him in a second	70. B	IRTHPLACE (STATE OR FOREIGN	OF CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	M/I A A NA	OMERY MD.
-	offer ed with	10.0	AKOMA PAKK	11. NAME OF HOSPITAL, NURS JE NOT IN SECH FACILITY, CIVE STEE WASHINGTON	ET ADDRESS) HO VENTUST HOSP	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING JIE JA KIND OF BUSINESS OR INDUSTRY
2120	hours d he fill	USU 13a.	AL RESIDENCE (IF NURSING HOME OR OSTATE 136 COUN		PRE ADMISSION)	1	207.82
LAND	should be seen as the seen as	_	ARY IAND PR. G	Seo's HYATES	VILC YES NO	3701 KE	NN Edy Place
MARI	complete	A		M. LON	FIRST	1A MIDDLE KI	RKPATKIELL
MORE,	and co		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!	17. INFORMANT 3481 Mildred F	ERRELI (d'AU)	SAME AS Above
BALTIM	ate be rsician apers. P		18. CAUSE OF DEATH (Enter onl	y one cause per line for (a), (b)		()	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	certificate ng physici banpapel r remavol.		PART I. DEATH WAS CAUSED	E CAUSE (0) Gereral -	Sepus - Tor	dopneun	rouse
PRESTON	death attendi		Conditions, if ony, which	DUE TO, OR AS A CONSEQ	lleman Inlest	From & Decubit	in like
``	that the a d by the a ease remain al, cremat ir other tra		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO OR SA CONSEQ	UENCE OF COLOR	rascular Oc	secoso
5, 201	gne gne buri	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDIT	ON GAYEN IN PART YOU
RECORDS	aw requ	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	HOPERATION S PERFORMED	200 AUTOPSY? 20	IL IF YES, WERE FINDINGS USED A CERTIFYING CAUSES OF DEATH?
	he lo	FIFE			0.	YES NO	YES NO
OF VITAL	HYSICIAN: TI ding physicia is certificate burial-transif Mental Hygi ar Item 18 shu		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	in in	DAY YEAR	URRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
DIVISION OF	A No See of	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P,M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVIS		1	WHILE NOT WHILE AT WORK AT WORK		0 7	man de	3/ 10 23 1 1 1 1
	R ATTENDING hospital ar att RECTOR. After red for use as t ept. of Health a		220.1 certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not	march 3019.		on death occurred on the date	and hour and from the causes stated
	OR be be		22b. SIGNATURE	P O SA	DEGREE ATTENDING	SSTAFF	224. DATE SIGNED
	Stol Stol	+	22d. PHYSICIAN'S NAME (TYPE OF	FPRINT)	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	10 March 3/, 1973
	TO HOSPITA retained by TO FUNERA should be di with the Sta		RICHARD	LWHELT	ON 7100 Ball	imore Ove	2 College Vail My
		230.	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION CITY OF TOWN	COUNTY
	BP	24. F	Burial UNERAL DIRECTOR	4/6/1983	Memorial Gardens C	em Rogersvill	
	DHMH - 16 50M 4/82 (VRA 15, 4)	F	uneral director rancis asch's	ons, PA Hyattev	ille,Md.	PR 5 1983	shing takely

FEULES ENEL PRICE The state of the s A TOTAL OF THE COURT OF THE COU White County MANAGER County of the state of Enteroff

Conneis Sechia Some, a Sportfollin, M.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
I. DECEASED NAME FIRST (TYPE OF PRINT) Edwar	d C	Pu	g h	2a. DATE OF DEATH A	3-1:	3-83	26 HOUR 4 26 A
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS
Male	Caucasian	Feb	. 2, 1925	58	YRS.	DNTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY?	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY	OF DEATH	
Maryland	United St	ates widowe	D DIVORCED XX	Montgon	ery (County	
Bethesda	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, Suburba:			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Accountan	ON WORKING LIFE)	INDUSTRY	Lumber Lumber
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 135 COU Maryland Mont	NTY 13c. CIT	tomac	YES 🕅 NO 🗌	13. STREET ADDRESS 7 Deborah	Cou	rt (20	0854)
14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	7
Richard		Pugh	Florence	Militare]	Beall	1.78
160 WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17. INFORMANT	ADDRES	SS		
Yes, no or unknown) (IF yes, GI	II 217	18 2411	Anna Mae S	eawell, sa	me as		
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST IMMEDIA	nly one cause per line for ED BY: TE CAUSE (o)	hrmi	Oftwel	r Perlan	ren Prise	BETWEEN	MATE INTERVAL DINSET AND DEATH
4960	DUE TO, OR AS A C	ONSEQUENCE OF				0	
Conditions, if ony, which	(b)					1 1	
gove rise to immediate cause (a), stating the	DUE TO, OR AS A C	ONSFOLIENCE OF				1000	
underlying couse last.	(10)	0.132002.1320					
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART 110	21
NO. DATE OF OPERATION							
190. DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	

CERTIFIC

21d. INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

FOR

216. TIME OF INJURY

P.M

21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

HOUR A.M.

MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION

CITY OF TOWN

COUNTY

STATE

NO |

22a.1 certify that (1) (this haspital) attended, the deceased from saw the deceased alive an 22b. SIGNATIARE

above, (1) (we) (did) (did not) view the body ofter death

23b. DATE March

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

224. PHY ACIAN'S NAME (TYPE OR PRINT

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

23d. LOCATION Rockville.

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

BP

(SPECIF Burial

MEDICAL

DHMH - 16 50M 4/B2 (VRA 15, 4)

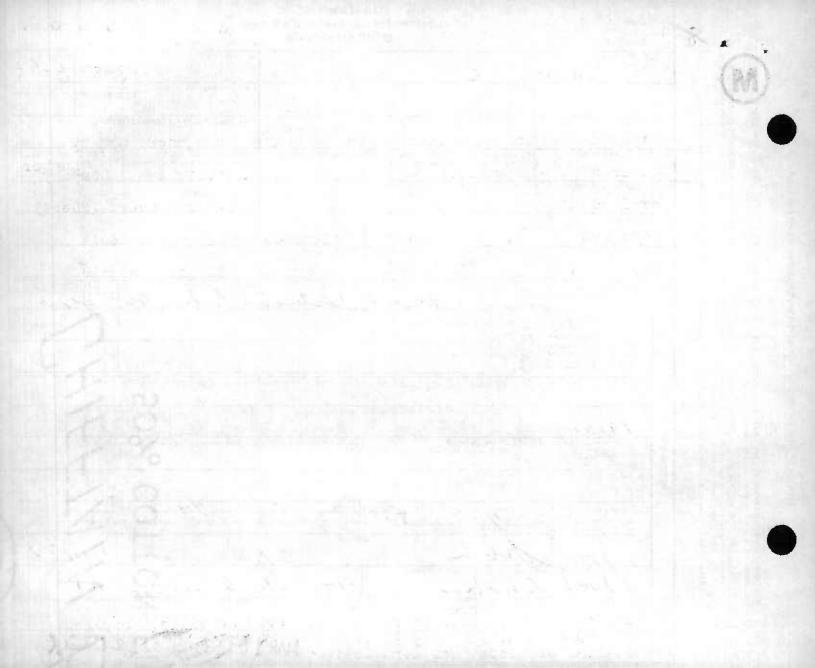
MPORTANT: If Hem 21 is morked or Item 18 shows ony

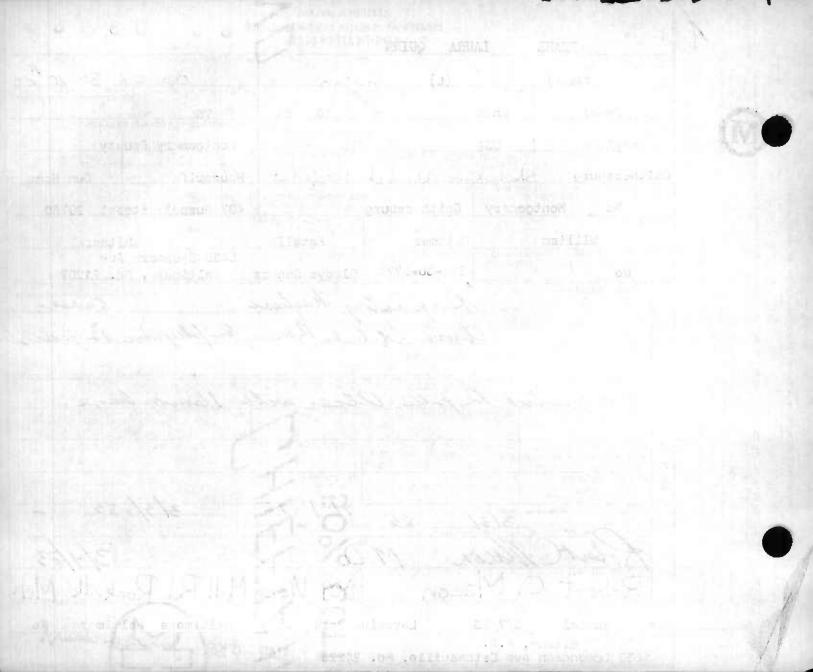
1983 Parklawn Mem. M FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P.A. Bethesda, Maryland 20814

MAR 1 6 1983

Par!

STATE Maryland





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS 1983 PRYOR RAGAN **JAMES** March 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR CAUCASIAN MONTH FEB DAY 20 YEAR 190 MALE DAYS HOURS 78. BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY COUNTY MARRIED NEVER MARRIED COUNTRY) MISSOURI MONTGOMERY UNITED STATES CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR "NAVALAHOSPITALEBETHESDA SYS ENG. CO BETHESDA PROCESS DATA ANY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 742 BEALL AVE MARYLAND MONTGOMERY ROCKVILLE 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE OLGA PRYOR RAGAN JAMES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS ALBERTA BURDETTE-RAGAN--SAME AS DECEDENTS 9/41-6/62 488-22-1938 YESAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY RESPIRATORY FATLURE IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES X NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER PM 10 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY NOTWHILE MARCH 83 220.1 certify that (I) (this hospital) attended the deceased from MARCH 19 10 83 sow the deceased alive on MAKCH 19 above, (I) (we) (did) (did not view the body ofter death and that in (my) (our) opinion death accurred on the date and hour and from the courses stated 22b. SIGNATURE DEGREE 176 DATE OGNED PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT NAVAL HOSPITAL, NAVAL MEDICAL ld b M.GURNEY, LT, MC, USN NATIONAL CAPITAL REGION, BETHESDA, MD 20814 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION Cremation 3-24-1983 Cedar Hill Crematory Suitland, Prince Geo., Md DHMH - 16 50M 1/81 W WarChambers, 8655 Georgia Ave, Silver Spg MAR 2 8 1983 (VRA 15, 4)

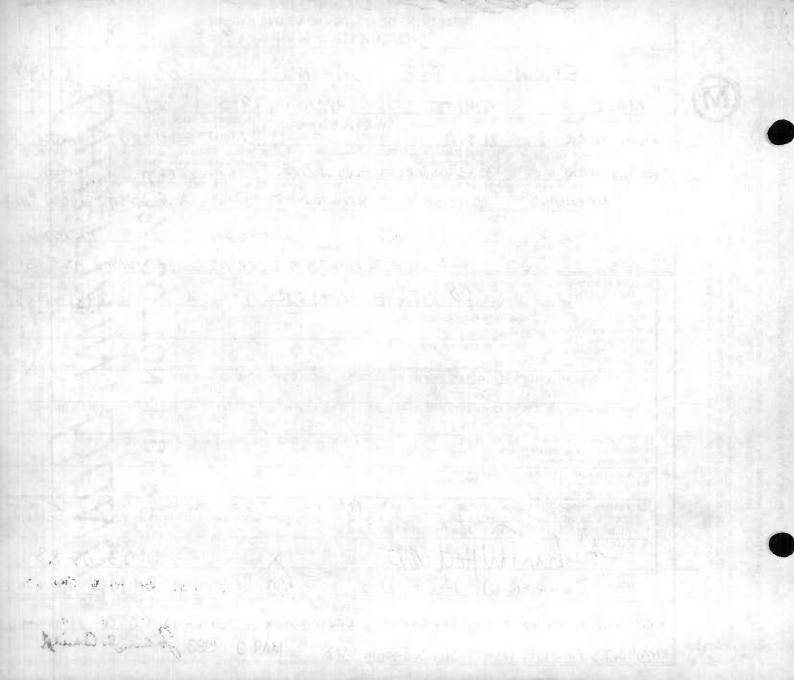


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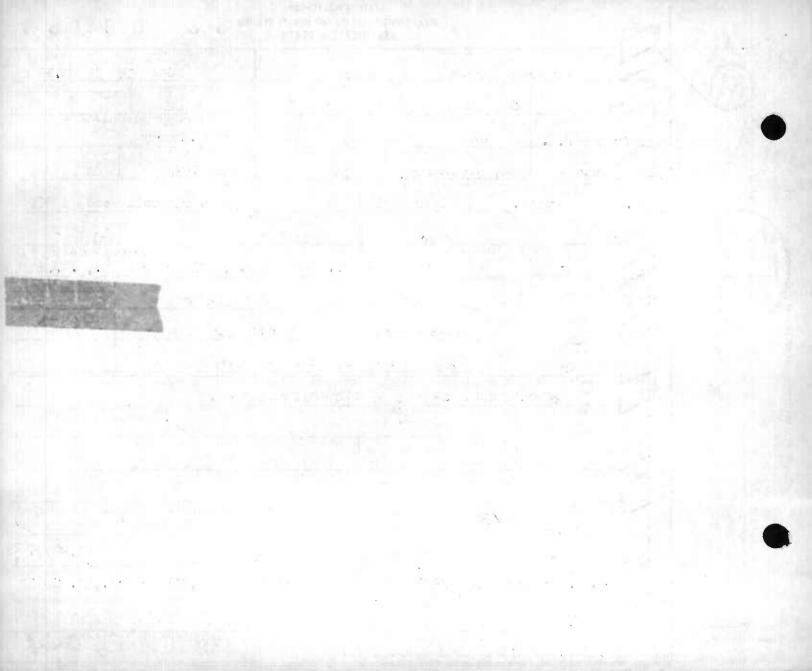
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٠ د د	be th	10.	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address), during most of working life, even if retired.) 12b. KIND OF BUSINESS OR during most of working life, even if retired.)	
2120	should er deat	K	ENSINGTON 3333 WINERSTY BLVD.W "MP LAWYER LAW	
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AN in	and 2	oan	ISSION) STATE MARY LAND 13b. COUNTY MONTGOMERY KENSINGTON YES NO 3333 UNIVERSITY BUDDEN #11	10
MARYLAND ed within	l on hour	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
W Pa	complete ogges 1 n 72 hou	0	LEWIS - RAINS THERESA - FRIEND	
BALTIMORE,		160	WAS DECEASED EVER IN U.S. ARMED FDRCES? 16b. SOCIAL SECURITY ND. 117. INFORMANT Address	_
ex ex	D . = /	((es, no, or unknown) (If yes give wor or dgives also service) 224-60-2976 MARJORIE D. RAINS (WIFE) SIMME AS #13	
ALT be	9	-	APPONYMATE INTERVAL	=
			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: I Q S I A TE CAUSE (a) PROSTATE AND DEATH I Q S I A TE CAUSE (b) RETWEEN ONSET AND DEATH I Q S I A TE CAUSE (c)	5
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RES!		-	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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301 W.	9		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	signed	2		
DIVISION OF VITAL RECORDS, PHYSICIAN: The low require or attending physicion.	otio -	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
Ö e	per	을	YES NO P CAUSES DF DEATH?	
low Ion.	te hos terrorit		21a. ACCIDENT WAS UNCERTING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)	7
ITA The	I-trans burial,	ਤ	OR CONTRIBUTING CAUSE DF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M.	
> 14	ficat prial to b	WED		_
O N O	certif the bu		21d. INJURY OCCURRED While Not while of work Not while of work Not work Not work 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.	4
SIO HYSI Hen	pr pr	1	at work of work 1000 that 1000 that 1000 that 1000 that 1000 the	1
N C	the os		22a. I certify that H (this hospital) attended the deceased from Feb. 16 , 19 \$ 3, to 12 25 , 19 \$ 3, that H (we) sow the deceased alive an Feb. 16 23 and that in (my) (our) opinion deoth occurred an the date and hour and from	th:
Z	After r use Hygi		causes stated obove, (I) (we) (did) (did not) view the body after deoth.	[11]
ATTEND	4 -		22b. SIGNATURE 22c. DATE SIGNED	_
₹ å	ched fo		DEGREE PHYS. DIRECTOR	
the og	DIRECTOR detached and Ment	-	22d. PHYSICIAN'S 22e. ADDRESS 2	-
FAL	-		NAME (TYPE) RICHARD W. HOLT, M.D. 3800 RESERVOIT RO NW WASHINGTON	11
HOSPITAL	FUNERAL nould be	00		=
		230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	2
2 2	01 0	0	REMOVAL (Specify) MARCH 7, 1983 CEDAR HILL CREMATORY SUITAND, P.G. CO. MARYLAN FINERAL DIRECTOR ADDRESS 250, RECT BY REGISTRAR 251, REGISTRAR'S SIGNAPORE.	11)
DHMH -	16 3/72 25M		1 A A D O 4000 McG	
	A15 (4))	C	HAMBERS FUNETENT HOME SILVER SPRING MD. DATMAR 9 1903 6	

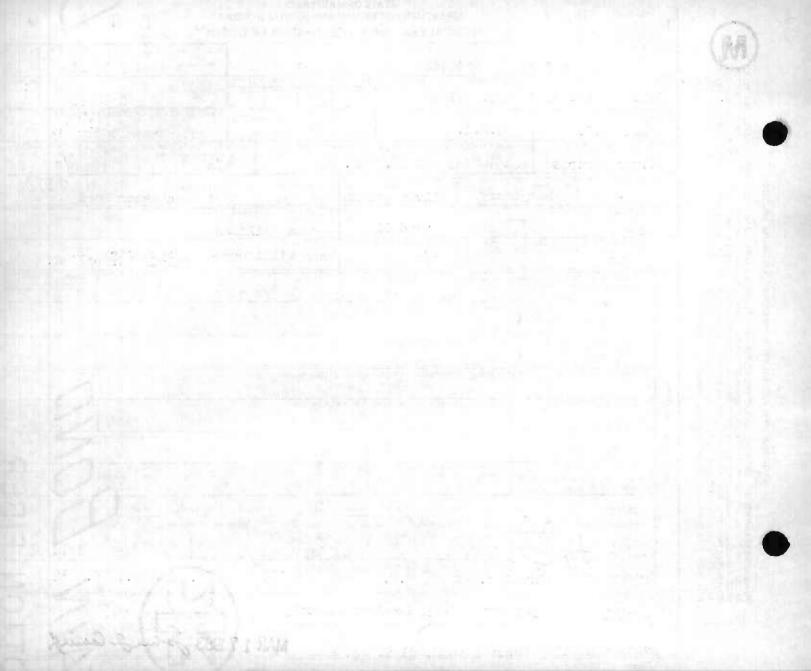


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH YEAR 2h HOUR YPE OR PRINT Margaret Bruan Ramos K PARKS 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR SEX VEAR Laukasian 1900 Female **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED COUNTRY Monte County Washington D.C. DIVORCED [WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cousewife Chevy Chase Brierly Ct. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION) 130 STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS 20910 8505 Springvale Road Silver Spring Monte. YES A NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Walsh Edward Bruen nna CHEVY CHASE, 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 578-32-3751 Mrs. Anne Peters .8701 Brierly Ct. . C. C. . 20 Yes CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY HEA12T IMMEDIATE CAUSE (a) CONGESTIVE FAILURE 6 MUNITHE SEVER 48 DUE TO, OR AS A CONSEQUENCE OF ARTER 105CLEROTIC HEART 7 E1122 Canditians, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. CORDA ARE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 O RTERIOSELERONIS GENERAUZED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES T NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1)(this hospital) attended the deceased fram. saw the deceased alive an above, (I) We did (did not) view the bady after death. and that in (my) four papinian depth occurred an the date and have and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN should be det with the State IMPORTANT: PHYSICIAN 276. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Georgia Avenue, Silver Spr., Md. 20910 8907 James A. Roberts 230. BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY STILVER SPRING COUNTY MONT GATE OF HEAVEN BURIAL FRANCIS J. COLLINS 24 FUNERAL DIRECTOR DHMH - 16 60M 7/73 500 WNIV.BLVD., W., SILVER SPRING, MD. 20901 (VR A 15 (4))

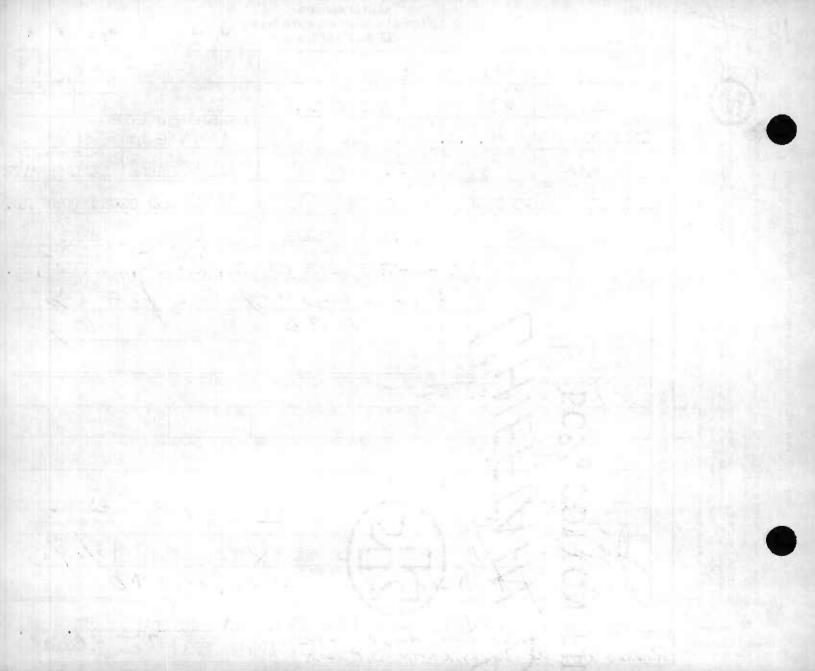
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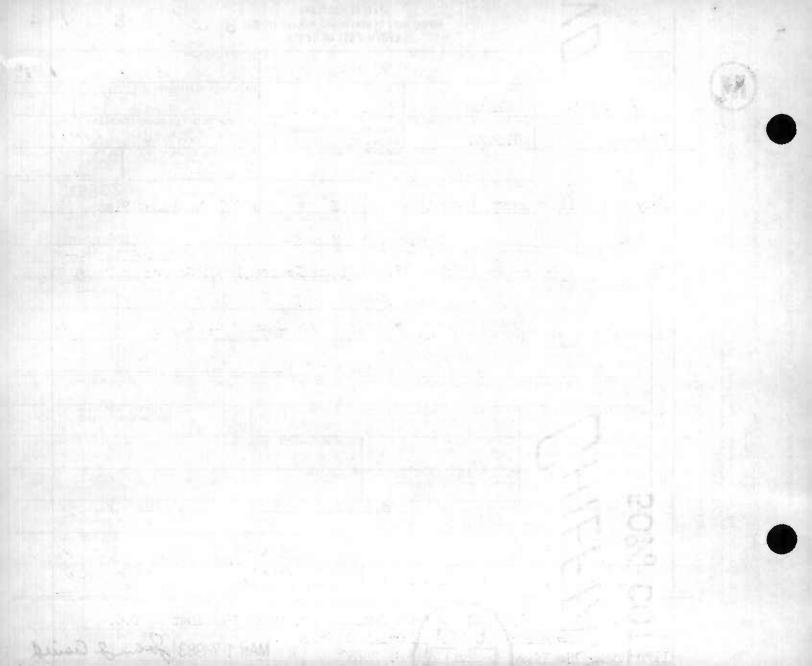


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	ASEESE.	3. SEX			DATE OF BIRTH	6. AGE (IN	YEARS IF UN			ATE		DAY YEAR	9:128R
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1	RAL RAL		RTHPLACE (STATE OR REIGN COUNTRY)	- 7	b. CITIZEN OF WH		8 MARRI	ED NEVER MARI	RIEDXX 9. BA	LTIMORE CITY O	RCOUNTY	OF DEATH	
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N ON	NS OP PER	lóa V	VAS DECEASED EVER	IN U.S. ARME	ED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRESS		ת ב	
BALTIMORE, MD.	HS AFTER S. GIVE PA WITH FOR I. PAGES. DIVISION	-{4	es, no, or unknown)	(IF YES, GIVE W	AR OR DATES)	n/a		Rena Will	iams-860	Silver	Sprin	ng, Md.	
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	NER SAN		Canditions, if a gove rise to	immediate	(b)						-		
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DIVISION OF VITAL RECORDS.	E SHOULD BE EXECUTED WITHIN 24 HOVORD. PENDING" IN PENCIL IN ITEM E CHIEF MEDICAL EXAMINER ALONG BUSED AS A BURIAL. TRANSIT PERN NI OF HEALTH AND MENTAL HYGIEN BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS <u>CO</u>	INTRIBUTING TO DEATH I	UT NOT RELATED TO THE TO	ERMINAL OISEASI	OR CONDITION GIVEN IN P	ART 1 (a).				
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Ş	IS: THIS CERTIFICATE SHE IE. WRITING THE WORR RWARDED TO THE CH S. THIS EPPERMENT O S. 21201 PRIOR TO BUR	X	WHILE NOT AT W	WHILE	STREET, FACTO	ORY, FARM, ETC.)	S	TREET	City	OR TOWN	COUN	1TA	STATE
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	AND A STATE		death resulted from	n: Mature	Couses X	Accident .	Suicide	, Homicide .	Undetermine	ed monner .			
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	ALE OF THE CALL OF		ACTUAL SIGNATURE	1	2/1/11	1	M	.D. Assistar	T MEDICAL E	XAMINER	DATE SIGNED.	3/10/	83
	DEA STATE		EXAMINER'S NAME	$u \sim$	D C	unad M D		111	Donn S	t., Balt	o Mo	d 2120)1
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SITE BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)	HOI	rillez K. G	uard, M.D		ADDRESS			0., 110	u - L L	
	DA 4 DA 4		URIAL, CREMATION, F		DATE	23c. NAME OF C	FOR +	r CREMATORY Cemetery	23d. LOCATE	NC N	COUNTY	y s	TATE
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	DHMH - 17	100	UNERAL DIRECTOR		ADDRESS					STRAR TO REGIS	2	sheel a	
	(VR A15 ME (5)) 20M 4/B2		Everly-Whe	eatley	Funeral	Home, Alex	c. Va.	MA	1/ 1 1/190	0	-0-		
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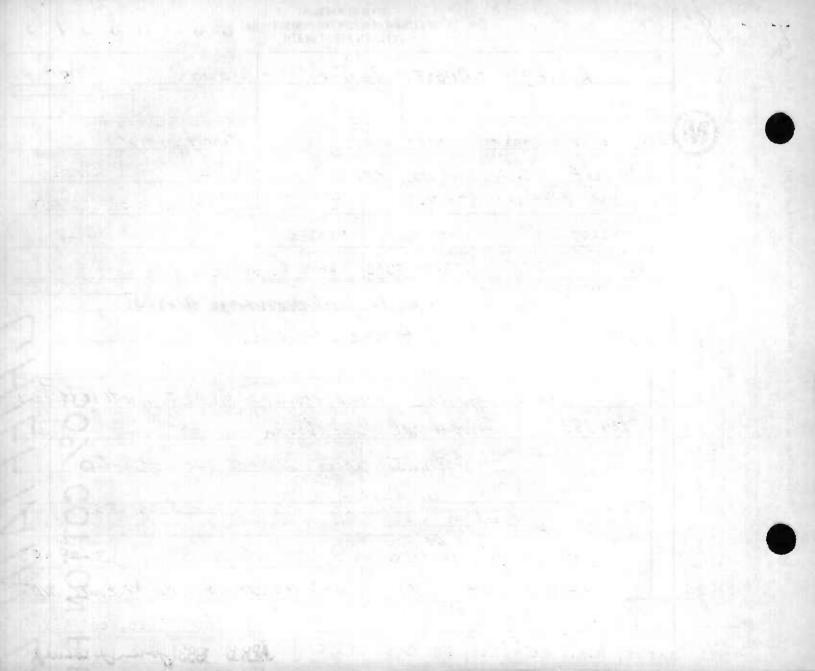
15-15	1	FOR STATE	DEPAR	TATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 3	08071
o the control of the		REGISTRAR CEASED NAME FIRS E OR PRINT)	ARIORIE K	RAW SLOW	REG. NO.	NTH DAY YEAR 26 HOUR 4
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AND 212 AND 212 And 24 hour filled in nould be	13e.		COUNTY 134. CITY OR TO	RE ADMISSION) WN 13d. INSIDE CITY LIMITS? KVIII: MES NO (1)X	130. STREET ADDRESS 12000 OI	D GEORGETOWN RD.
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IMORE,		WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIAL SEC YES, GIVE WAR OR DATES) 370-14		799955 SLOW, DAUGHI	
quires that the death certificate signed by the attending physic hen please remave carbon pape to build, cremation, or remaval.	NO	Conditions, if any, which gove rise to immedia cause (a), stating 11 underlying cause los	DUE TO, OR AS A CONSEQUENCE (c)	0001	AINAL DISEASE OR CONDIT	ID Y
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VISION OF PHEN CANADA	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTENDING retained by the hospital or of TO FUNERAL DIRECTOR: Aftishould be detached for use as with the State Dept. of Health IMPORTANT: If Hem 21 is mor		A2d PHYSICIAN'S NAME ((TYPE OR PRINT) A ZON	DEGREE ATTENDING PHYSICIAN PARTICIPATION SOLUTION SOLUTI	MEDICAL STAFF DIRECTOR PHYSICIAN	
BP		BURIAL, CREMATION, REMO ISPECIFY CREMATIC	N 3/31/83	NAME OF CEMETERY OF CREMATORY CEDAR HILL CREMA		COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	UNERAL DIRECTOR	INC. WYSHINGTO	JA!	PR 5 1983	Glistrar's SIGNATURE





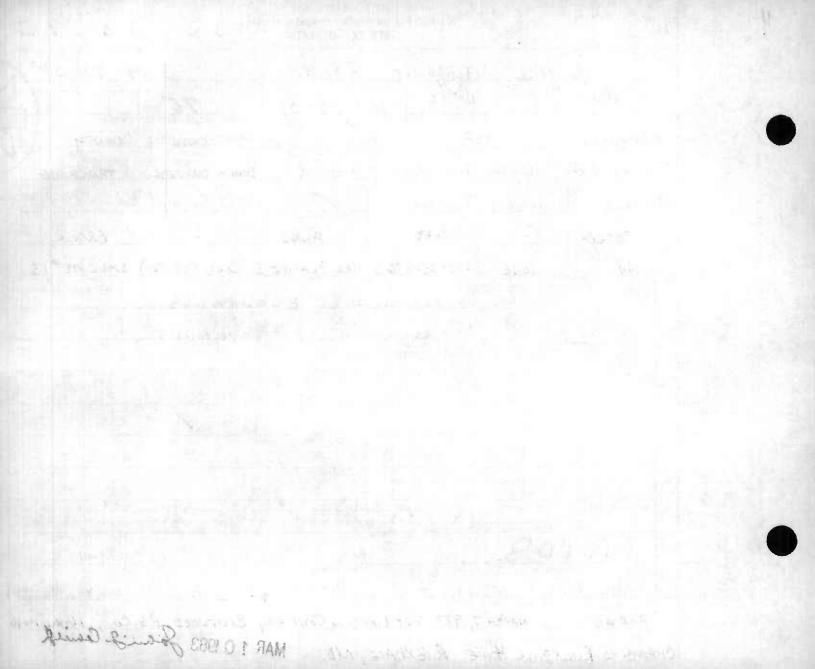
(VRA 15, 4)

STATE OF MARYLAND



	1			STATE OF MARYLAND		
	1.	FOR STATE	DEPARTM	MENT OF HEALTH AND MENTAL HYC	GIENE 8 3	0 8 0 7 4
	-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
6		CEASED NAME FIRST	MIDDLE	O I	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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1	3. SE	75000	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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1/1	9	COUNTRY	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	_	R COUNTY OF DEATH
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1		NU	212-18-6	1274 HAROLD Z	KEED. 4	307 MERTINED WG
# # /		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	V A			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-		IMMEDIATE (TRITION		
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App.	No.	MYELOPEU	LIFERATIVE Z	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PART 11a
	CATH	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
11/	=				YES NOTE	IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
180	8	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR		
9 44	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
5	MEDI	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	211 LOCATION	CITY OR TO	WN COUNTY STATE
-	2	WHILE NOT WHILE AT WORK	(A) HOME, STREET, PACTORY, OFFICE PA	AKM EICT	CIII OK 10	STATE STATE
0.00		220.1 certify that (I)		JUNE 19 82	- to MARCIT	20 , 19 F3 , that (I) (wortast
2			WARCH 25 ew the bady after death.	and that in (my)-(our) apinian	death accurred an the do	ate and haur and fram the causes stated
Her		226 SIGNATURE - AD A	77 .	DEGREE		220 DATE SIGNED
H		Marill C.C	Yunna P	ATTENDING PHYSICIAN	MEDICAL STAF	F 3 -24 -83
AN I		22d. PHYSICIAN'S NAME (TYPE OR PR	To //	22a ADDRESS	1	
WPORT		MORRILL C. QUINI	NAM JK.	11120 NEW H	HIPSITIKE INCE	20904
1 5 7	23a B	URIAL, CREMATION, REMOVAL	THE DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
-	1	Burial.	1483 Ge	orge Washingtor	Riggs Rd	
M 1/B1	1160	VIV	Takoma F	uneral Home N. DAN oll St. N. W. 1	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE! O
, 4)		x war reller	254 Carr	oll St. N. W. I	2000	
	7	Tr. San	Takoma Fun	eral Home		

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	1 -	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND SEALTH AND MENTAL HYG SCATE OF DEATH	FIENE 8 3	0	8	0	7	6
		CEASED NAME	FIRS1		WIDDLE	i	AST			DAY YEAR	1.	b. HOUR	D
1			MILDR		N REISS			MARCH 9 19			_	3:02	-
1	3. SE			4. RACE		5. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIR		MONIHS DA		HOURS	4 HRS
L		FEMALE		CAUCA	ASIAN	NOVE:	MBER 11 1901	81	YRS.				
g.		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	1		
1	NE	EW YORK		UNITED	STATES	WIDOWE		MONTGOMER	Y				M
	10_C	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATI				BUSINES	SOF
A	I	BETHESDA		NA	VAL HOSP	ITAL		HOUSEWIF		(E) INDUST		lome	
9		AL RESIDENCE TENURS TATE 20853 ARYLAND		OTHER INSTITUTION. ITY GOMERY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW ROCKVIL		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 13905 DOWL	ATS DI	RIVE	20	285	53
1	14 FA	THER'S NAME			110 0111 22		15. MOTHER'S MAIDEN NA		IIO DI	CLAP			_
7		EDWARD JOS		HOETZEL	LAST			TH SCHUBERT	34	135	LAT		
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS				To
L		NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		575-01-3	068	CHARLES E.RE	ISS,13905 DO	OWLAIS	DRIV	/Ε,		
		PART I. DEATH W 4960 Conditions, if ony, gove rise to improve to	which mediate g the	DUE TO, OI	CHRONIC (NCE OF	UCTIVE PULMON.	ARY DISEASE	, RESPI			FAIL	
	NOI	PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART	1(0		9
	CERTIFICATION	19a DATE OF OPERA	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOX	IN CERTIF	WERE FIN YING CAUS	SES O	S USED F DEATH	1?
1	-	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEA	III.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART 1 OR PART	2)		Ì
١	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK IN NOT WH		21e. PLACE (OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY		\$17	ATE
		22a. I certify that (1) saw the decease above, (1) (we) (c	(this hospi	MARCH	9 19	FEBRUA 83	ARY 19 , 19 83 and that in (my) (our) opinion in	, to <u>MARCH</u> death occurred on the do	9 ote and hou	19_83		ot (I) (we	-,
		226. SIGNATURE -	17	M. Var.	New year	u	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗆	22c. DA	ATE SI	GNED	8.

23c. NAME OF CEMETERY OR CREMATORY

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is should be detach

> Gawler's ashopress D.C. Joseph 5130 Wisc. Ave., N.W.

M. VAN NESS, LT, MC, USNR

23b. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Burial Removal

230. BURIAL, CREMATION, REMOVAL

Forest Lawn Memo. Gardens

23d. LOCATION

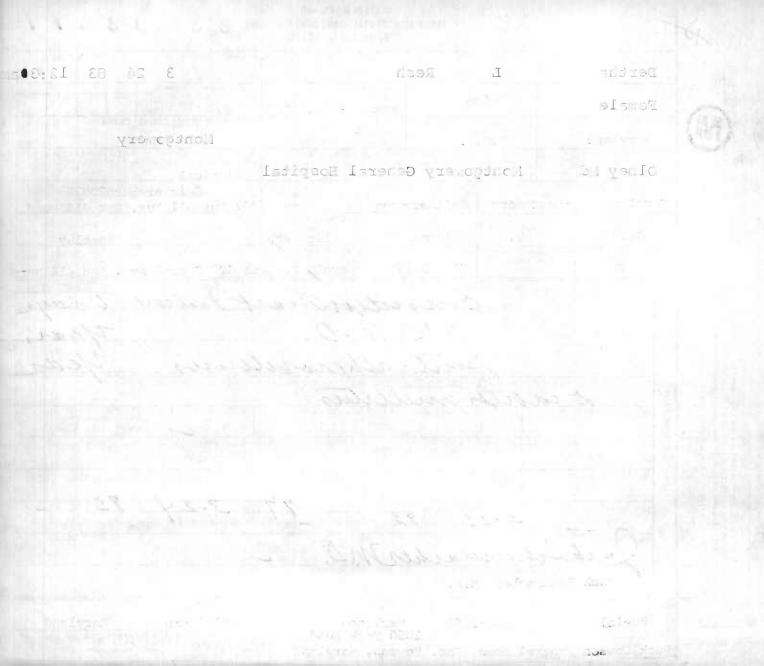
NATIONAL CAPITAL REGION, BETHESDA, MD 20814

NAVAL HOSPITAL, NAVAL MEDICAL COMMAND

Pompano Beach, Florida

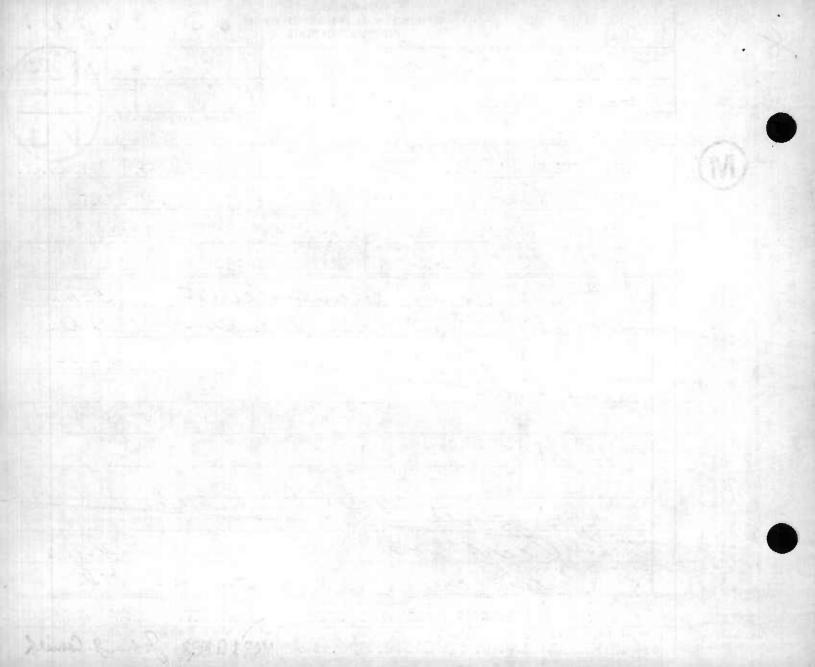
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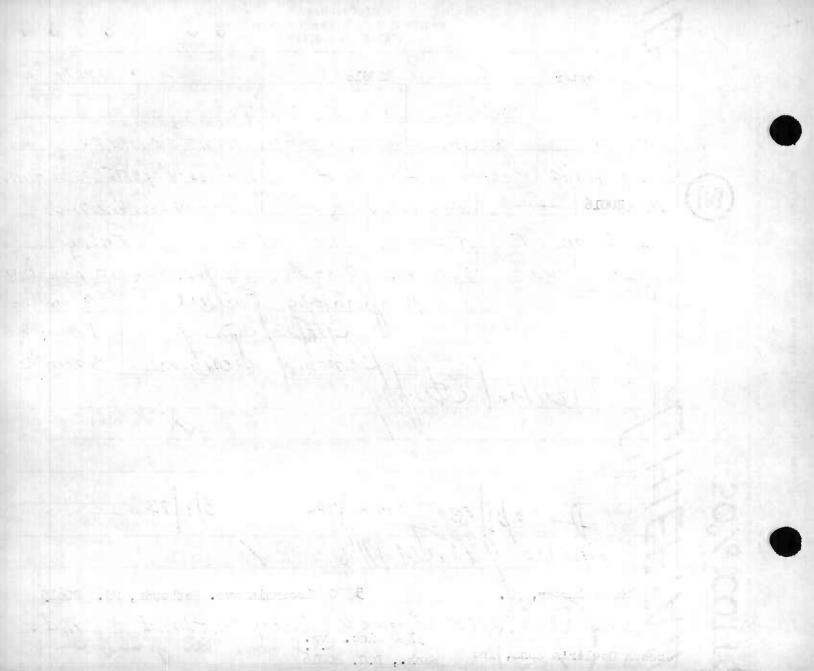


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	n 72 hour		RTHPLACE (STATE OR FOREIGN	US		8. MARRIEI WIDOWE	NEVER MARE	RIED	Montgome Montgome	COUNTYO	DEATH	MD.
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MORE	n ond o		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, C	N/A A	219-80-			Neal-	son-(same a			
BALT	icate b hysicioi papers. iavol. ent, the		18 CAUSE OF DEATH (Enter) PART I. DEATH WAS CAUS		r line for p), (b),	and ICI	as as	s of			BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	t the death certify the ottending peremave carbon cremotion, or remither troumatic ex		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	(b)	OR AS A CONSECUTIVE AS	Cura	Mai	de	secre		59	plais
)RDS, 201	requires tho en signed by Then pleas or to burial, injury, or o'	NOI	PART 2. OTHER SIGNIFICAN	Lule	ux.	Rus	map	of he	uly			
AL RECO	The law reicion. te hos beer sit permit. giene prior	CERTIFICATION	1910/162F/85RAWON 2/21/83	UV	ascu	lar u	N WAS PERFORME	7		YES	NG CAUSES	NGS USED OF DEATH?
N OF VI	SICIAN: ng phys certifica priol-tror intol-tror tentol Hy tem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)	DEATH HOUR A	.M. MONTH	DAY YEAR	21f LOCATION	OCCORRE				
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	TTENDIN pitol ar of TOR: Aft for use os af Health 21 is mor		220.1 certify that (1) (this has saw the deceased alive	on 3	319		nd that in (my) four	Topinion de	eath occurred on the date), 19 e and hour o		that (It (we) last couses stated
•	bosi ched Ched Dept.		1) (we) (did) (did 1) SIGNATURE	lin	differ death.		PHYS	NDING SICIAN 12	MEDICAL STAFF		226. DATE	SIGNED 3-83
	HOSPII nined b FUNER build be th the St		220 PHYSICIAN'S NAME (TYP		ullein		220 ADDRESS 18711	Prix	ice Phile	o Au	-01	un med
	BP 674	23a. E	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 3-8-19			EMETERY OR CREA		23d LOCATION CITY OR TOWN Adelphi	Pr.	County George	es Md.
Di		Hi	nes/Rinaldi Fu	neral Ho		800 N.H	A	250. DATE	REC'D. BY REGISTRAR ?	Sb. REGISTRA	P'S SIGNA	TURE A

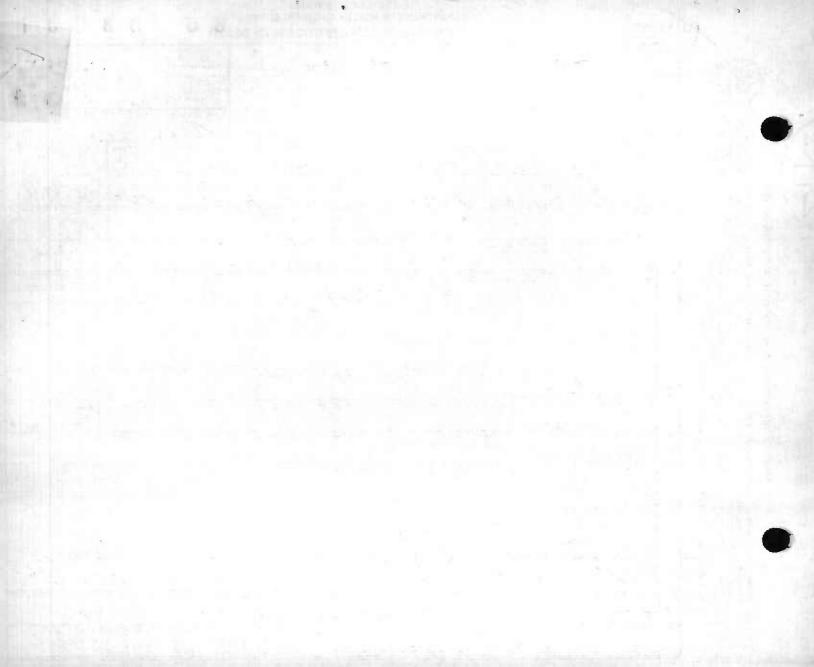
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2s DATE OF DEATH THRE OF PRINTS Riddle Lester 3. SEX 4. RACE 5. DATE OF BIRTH A AGE THEYEARS LAST BITTHDAY IF TINDER TYEAR WILHDER TANKS MONTH TE AR FETATE OF FOREIGN I BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED MONTGOMERY WIDOWED DIVORCED [IS CITY OF TOWN OF DEATH LITYPE OF WORK FOR MOST OF WORKING LIFE? ommodity Spe MIL COUNTY HL CITY OR TOWN 13e STREET ADDRESS UASHINGTON 4000 MASS, 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MUDDLA IN U.S. ARMED FORCES? Mr. WAS DECEASED EVER 16h SOCIAL SECURITY NO I IF IES GIVE WAR OR DATES! LYES, NO DE UNENCWNS R CAUSE OF DEATH (Enter only one course per line for (q), (b), on PART I DEATH WAS CAUSED BY. months IMMEDIATE CAUSE to DUE TO: OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2: OTHER SIGNATIONS CONDITIONS 1% DATE OF OPERATION 18 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSYT 78s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOW NO [21s. ACCIDENT WAS INDERLYING [21s TIME OF INJURY TIC HOW INJURY OCCURRED. (INTER-NATURE OF HOURS IN ITEM IS PART) OR FAST 71 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFERTHER, NOTIFY MEDICAL EXAMINERS P.M. 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR FOWE COUNTY STATE (AT HOME STREET, PACTORY, OFFICE TARM, ETC.) AT WORL AT WORLD 27a.1 certify that (# this hospital) atte nd that in (phy) (our) opinion death occurred on the date and hour and from the causes stated phave (bee (bid) (did not) view he best after 771 SIGNATURE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN CRIANT 274 PHYSICIAN'S NAME (THE OF MINT) 22¢ ADDRESS 94 5530 Wisconsin Ave. Bethesda. Thomas Carter. 73s BURIAL CREMATION: REMOVAL THE LOCATION 73h DATE 731 NAME OF CEMETERY OR CREMATORY E-MATCRY 24 FUNERAL DIRECTOR TOCH BY REGISTRAR 256. REGISTRAR'S SIGNATUR DHMH - 16 50M 4/82 Joseph Gawler's Sons, Inc (VRA 15, 4) Wash. D.C. 20016



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Janis Riekstins DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2c DATE June 10 LAST RIRTHDAY) PRONOUNCED 1925 5 7 YRS 76 CITIZEN OF WHAT COUNTRY A BIRTHPLACE ISTATE OF 9 BALTIMORE CI MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Latvia WIDOWED [DIVORCED omery B. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Accountant --USUAL RESIDENCE WILL COUNTY OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a. STATE COUNTY 13c CITY OR TOWN 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Janis Riekstins Louize Vitolins 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Same as 13E (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 102 28 3202 Silvija Riekstins(Wife) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY AT WORK AT WORK Inspection 20 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry Natural couses death resulted from: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMPLES NAME John S. Rogers 1919 Seminary Rd.S.S.Md. TYPE OR PRINT ADDRESS HE BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation 3/31/83 Brooklyn, New York Greenwood Crematory BP 14 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATUR DHMH-17 VR A15 ME (5) Hines/Rinaldi 11800 N.H.Ave.S.S.Md. 15M 2/80



10	V X	0 1				STATE OF MARYLAND		
1		X	1-	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	08082
	(BA)	-4-13	1 00	REGISTRAR	A DDAY		REG. NO.	
	(W)			CEASED NAME FIRST	da Viola	D A		3 4 83 12 4 4 M
	oy ogo		3. SE:	Hman	RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	
	ge 4 m ector, rs afte	1	J. JC.	Female	Black	MONTH DAY YEAR 10	73	MONTHS DAYS HOURS MIN.
	h. Po. ol dir 2 hou	6/		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	8. MARRIED ANEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
-	deal uner	16	_	owhington 1)10	HMerica	WIDOWED DIVORCED GHOME OR OTHER INSTITUTION		goney MD.
5	s ofter by the f	oriffed	10.0	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		128. USUAL OCCUPATION (TYPE OF WORKSOR MOST OF W	VORKING (IFE) INDUSTRY
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ORE,	e execut	dico!		VAS DECEASED EVER IN U.S. ARME		RITY NO. 17. INFORMANT	ADDRESS	
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201 V	thot do	or oth			((c)			
	luires signe	njury.	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	TION GIVEN IN PART 110
DIVISION OF VITAL RECORDS,	reen	2 >	CERTIFICATION	19a, DATE OF OPERATION	TIPE CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
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ITAL		sh ygie	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY I	
)F	4 0 4 -	88	-	OR CONTRIBUTING _ CAUSE OF DEATH		AY YEAR		
N	PHYSIC ending this cert to burial	or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 210. PLACE OF INJURY	21f. LOCATION		
VISIO	2		ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
0	ATTENDING sspital or ot CTOR: After d for use as t	morked		22a. I certify that (I) (this haspital) attended the deceased from_	2-16 1983	10 3 - 4	19 3, that (I) (we) lost
	spital CTOR:	21 is		saw the deceased alive on obove. (I) (we) (did) (did not) v		, and that in (my) (aur) apinion	n death occurred on the date	and hour and from the causes stated
	OR ATTEN e hospital DIRECTOR	Hem .		22b. SIGNATUR	view the body offer depth.	DEGREE		221. DATE SIGNED
		3 =		La Co	THE MA	ATTENDING PHYSICIAN	MEDICAL STAFF	NA 3-4-83
	- D III 0 C	0 7 1		224. PHYSIC AN'S NAME (TYPE OR PI	RINT)	22e ADDRESS		7
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100	Sho To	3 3			236. DATE 23c	AME OF CEMETERY OR CREMATORY	23d. LOCATION	CAUNCY
4999	BP	Ey in		urial (//)	March 1983	Lincola Memori	al Cemetery	y Suitland, Md.
1	DHMH - 16 50M	4/82	24 FI	INERAL DIRECTOR DELLE	VI. Slev	van The	ATE REC'D BY REGISTRAR 25	B. REGISTRAR'S SIGNATURE
	(VRA 15, 4		St	ewart Funeral	Home-4001 B	enning Rd.	7 1300	



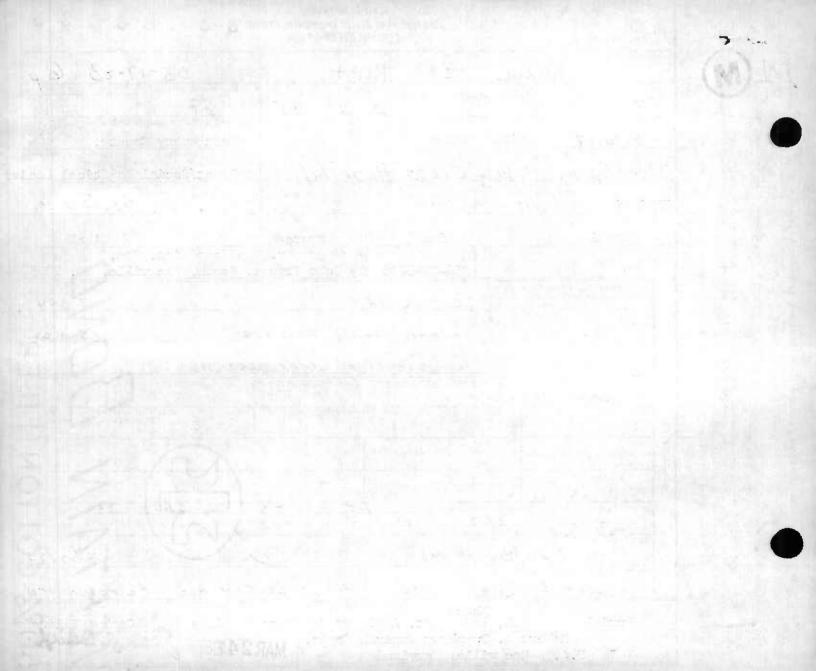
provide (p. mover), held provide period Cemetery Curlings,

P.A., Rockville, Maryland

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

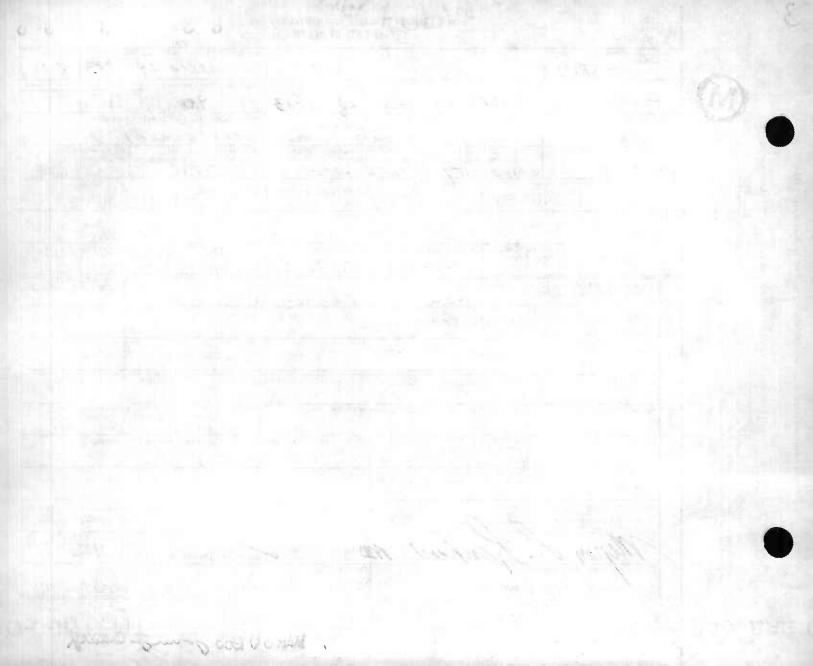
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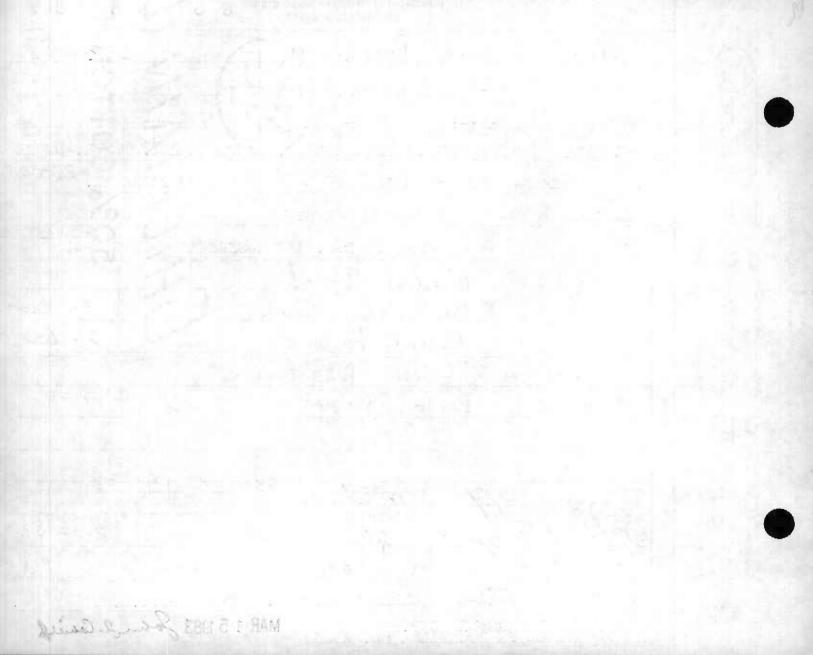
3 SEX Male 70. BIRTHP MININ 10. CITY OF Silve USUAL RESISTANCE 130. STATE Mar 14. FATHER Wa 160. WAS IN (YES, NY) 18	A RACE White LACE ISTATE OR ENOTA R TOWN OF DEATH PRINCE IF IN MASSING UPA 1136 COL VIAND MOI R'S NAME TEC PECASED EVER IN U.S. A ORUNKNOWN) CAUSE OF DEATH (Enter PART I DEATH WAS CAUSE	5. DATE OF BIRTH MONTH DAY Dec. 22, 7b. CITIZEN OF W U.S.A. 11. NAME OF HO (IF NOTINE INSTITUTION OF MEDICAL CONTINETY) MIDDLE ARMED FORCES? WE WITT PRIDATES) only one couse per line	VHAT COUNTRY? OSPITAL, NURSING HOME STREET, ADDRESS TOSS HOSPITAL GIVE REFORE ADMISS TO THE REFORE ADMISS TO THE REFORE BEFORE ADMISS TO THE REFORE BEFORE ADMISS TO THE REFORE	MARRIED WIDOWED ME, OR OTHER IN SSION) 13d YE RITY NO. 17 I	TYR. IF UNDER 24 HB DAYS HOURS MIN. NEVER MARRIED \$ DIVORCED DIVORCED NSTITUTION 12 P	PRONOUNCED DE AD PRONOUNCE DE AD PRONOUNCE DE AD PRONOUNCE DE AD PRONOUNCE DE AD PRONUNCE DE AD PRONOUNCE DE AD PRONOUNC	Service p Code - 20814 Lane
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age 4 ma	3 SE		4 RACE WHI	ITE	5 DATE O	QAY YEAR	6. AGE (IN YEARS LAST BIR P.O.	_		# UNDER 24 HR
uneral H	R	IRTHPLACE (STATE OR FOREIGN OUNTRY)	u.s	WHAT COUNTRY?	WIDOWE	NEVER MARRIED DIVORCED	MONT G		OF DEATH	
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law requires that the been signed by the r. Then please remo rior to burial, crems is any injury, or oth	ATION	gave rise to immediate cause (a) stafing the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	ing the DUE TO, OR AS A CONSECT OF LCT. IC) IC) CONTRIBUTING T		O DEATH BUT NOT RELATED TO THE TERMINAL		VINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200 AUTOPSY? [206. IF YES, WERE FINDINGS			
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NG PHYSICIAN: The nding physician. The term this certificate has the burial-transic permand Mental Hygiene and Mental Hygiene arked or Item 18 sho	MEDICAL C	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 214. INJURY OCCURRED	DEATH HOUR A.	M. MONTH DA	YEAR	211 LOCATION	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	IT I OR PART 2)	
ENDING PHY or attending ph OR: After this or the burial ealth and Mer is marked or	W	WHILE NOT WHILE AT WORK 22a I certify that (I) (this ha		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET 19	CITY OR TO		COUNTY	STATE
Fig. 7		saw the deceased alive abave, (I) (we) (did) (did	an 3-14	othe death. 19_		d that in (my) (aur) opinian d	leath accurred an the d			ouses stated
TO HDSPITALON Aretained by the hospital TO EUNERAL DIRECT should be detached for with the State Dept. or MMPORTANT: If Item	1	THE PHYS LAN'S NAME IT	D. Je	enpen	N	ATTENDING PHYSICIAN 4	DIRECTOR D PHYSK	FF		/1983
TO HDSPITAL retained by the TO FUNERAL IS should be detach with the State D IMPORTANT: I	23a (MYRON L.	LENKIN AL 1236 DATE	/. 23 ₁ h	NAME OF CI	2309 Shore	123d LOCATION		wheato	
ВР		BURIAL	3/27/	1983 KI	NG DA	VID MEMORIAL (GARDEN F	ALIS CI	OUNTY HURCH,	VIRGIN
DHMH-16 25M (VRA 15, 4) 1/79		DONALD MP. STET 232 CARROLL ST	REET, N.	W., WASH	INGTO	V. D. C.	REC'D BY REGISTRAR	mo	white	K .



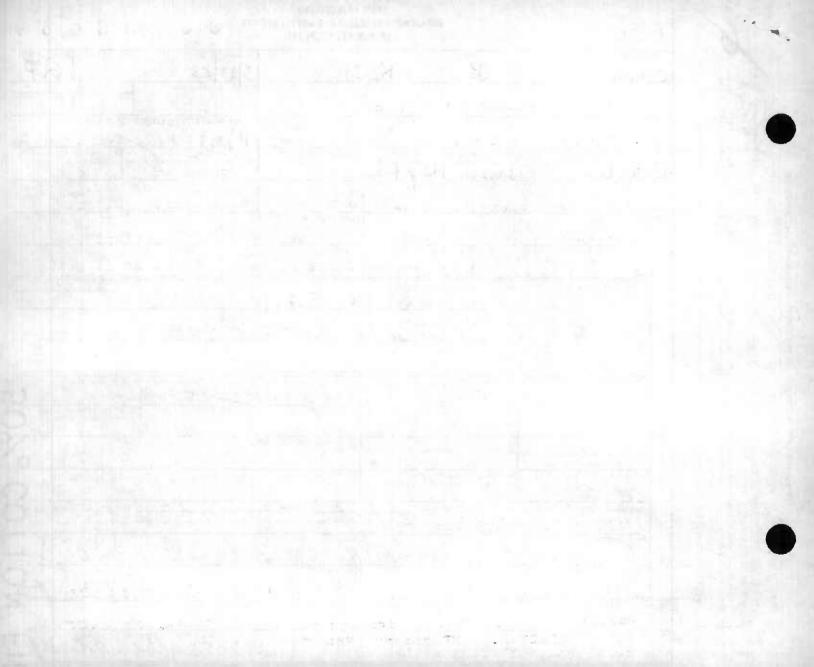
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAMI MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) NMN osenDero 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR JULY 14 1896 MALE WHITE 86 To. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED POLAND U.S.A. MONTGOMERY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR JEWELER-RET. JWL.-STORE TAKOMA PARK WASHINGTON ADVENTIST USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 20852 13d INSIDE CITY LIMITS? 6111 MONTROSE RD. MONTGOMERY ROCKVILLE MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE UNKNOWN GABRIEI. ROSENBERG TOBY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRIGAÇÃO STURTEVANT RI LYES NO OR LINKNOWNI NONE NONE SSPG, MD. 060-28-5137 MRS. ANN ROSENBERG APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 24 lar Conditions, if any, which gove rise to immediate cause (a), stating underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Les ce 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? -11-8 INCERTIFYING CAUSES OF DEATH? cemos. NOIL YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY OFFICE FARM ETC.) prked STREET CITY OR TOWN NOT WHILE 220.1 certify that (1) (this hospital) ottended the deceased fram and that in (my) (our) apinian death occurred an the date and hour and fram the couses stated DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT ld be o THE PHYSICIAN'S NAME ATTYPE OR PRIM 22e ADDRESS 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION BURIAL CEDAR PARK, CEM, **PARAMUS** DHMH - 16 50M 1/81 (VRA 15, 4)



1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	8 0 8 8
	DECEASED NAME FIRST	IE NMN	RUSNER	20. DATE OF DEATH MONTH	27-83 129 M
3 5	SEX	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
anna a	Female	White	12 25 1892	90 YRS.	MONTHS DATS HOURS MIN.
3017	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	** MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
	Russia	U. S. A.	WIDOWEDE DIVORCED	MONTGOM	ERY COUNTY MD.
10.	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	12b. KIND OF BUSINESS OR INDUSTRY NITES
100	WAL RESIDENCE (IF NURSING HOME O		of Greater Wash	Sales	Practical
15	Md. Pri	INTY 13c. CITY OR TO		13e STREET ADDRESS 1313 Merrimac	Drive 0783
11.0	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDIE	LAST
107	Max		ulis Sarah		Shanis
160.	. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	3-7386A Sarah R.		ston Drive Pk., Md. 2091
t t	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly ane cause per line for (a), (b), (c)		. 1	BETWEEN ONSET AND DEATH
		ATE CAUSE (O) CHR	DIAC ARRTHM	1174	SUDDEN
0 0 1	1140	DUE TO, OR AS A CONSEQ	UENCE OF		
Have	Canditions, if any, which gave rise to immediate	(b)			
t t	cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO	UENCE OF		
5 5	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN ALDISEASE OF CONDITION OF	/EN IN DADT I
NO NO		EMIC CAR	OLD MUM PATHY	WINAL DISEASE OR CONDITION GIV	VEN IN PART TO
THEATION	TO DATE OF OPERATION	01110	H OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
					FYING CAUSES OF DEATH?
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7 3		(2011)	19		
/ WEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
-	NOT WHILE AT WORK			2/22/	
	saw the deceased olive of	pital) attended the deceased Iram 2 7		death occurred on the date and have	19
C. If her	22b. SIGNATURE	asel	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/27/8-3
APORTAN	22d. PHYSICIAN'S NAME (TYPE	PATEL	122. ADDRESS 6121 MON	TROSE RU, RO	O dEVILLE NO.
230.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
-	Burial	3/28/83 Mt		ery Adelphi P.	G. Md.
A 1/81 24 4)	FUNERAL DIRECT	al heartes Por	D. Box 7428 250 DA	TE REC'D. BY REGISTRAR 251 REGIST	TRAR'S SIGNATURE

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(VRA 15, 4)



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	1		STATE OF MARTLAND	db an 35 1
	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.	8091
noy be poge 3	1. DE (TYP	CEASED NAME FIRST	e v. Ruddle 3-4	YEAR 26. HOUR - 83 4, A. A IF UNDER 1 YEAR IF UNDER 24 HRS
foge 4 m sirector, p	I	remale IRTHPLACE ISTATE OR FOREIGN	White MONTH - DAY - VEAR - 79 YRS. The CITIZEN OF WHAT COUNTRY? & - 9. BALTIMORE CITY OR COUNTY	ONTHS DAYS HOURS MIN.
Seoth Comments		PA. ITY OR TOWN OF DEATH	MARRIED NEVER MARRIED MONTGOME WIDOWED DIVORCED MONTGOME 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	
4 to 10	Si	Ivee Spring	TYPE OF WORK FOR MOST OF WORKING LIFE HOLY (1985) HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Home
(M) 6	130. N∈	STATE NAL COUN	e May Villas 13d. Inside City Limits? 13e. Street Address 15 Tulip Ave	nue 08251
17705		Peter	Bush Alice	Curran
be execu		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17 Francis J. Ruddlê, Son, 191-16-4895 922 Maple Avenue, Gleno	lden, PA.
if the death curtificate y the attending physics is remove cordinate cremation, or removal ther troumatic events.		PART I. DEATH WAS CAUSE	DBY: DE TO, OR AS, A CONSEQUENCE OF (b) Aneversile Aroxin Brain Domoge DUE TO, OR AS A CONSEQUENCE OF (b) Masseirs Massachiel Ordanition	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
in. no. nos been signed b permit. Then pleas ne prior to buriol, wws any injury, or o	CERTIFICATION		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? TO LETTE	WERE FINDINGS USED YING CAUSES OF DEATH?
3 PHYSICIAN: The la ittending physicion. er this certificions has the buriol-tronsit per and Mentol Hygiene ked or item 18 shows	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH DAY YEAR P.M. 19 218. PLACE OF INJURY 211. LOCATION	ART I OR PART 2) COUNTY STATE
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the he hold to be been to be		270. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	3-4-83
TO HOSPITA retained by TO FUNERA should be de with the Stat	22	Phillip W.	Poth MO Suite 240 818 18th st Nh	heshirsten L
G BP	L	BURIAL, CREWATION, REMOVAL	8, 1983 Holy Cross Cemetery Yeadon,	Pennsylvani
DHMH - 16 50M 4/82 (VRA 15, 4)	24.	Homes, P	ADDRESS ADDRESS	in & Coming

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔍

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH L DECEASED NAME 2b HOUR FIRST ON TYPE OR PRINT March 7, 1983 Nancy Ruth & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER A HRS 4. RACE 3. SEX Feb. 24, 1936 Female White 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery West Virginia U.S.A. WIDOWED DIVORCED -126 USUAL OCCUPATION 126 KIND OF BUSINESS OR ITY OR TOWN OF BEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) School Bus Driver Schools Washington Adventist Hospital Takoma Park SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIV) RESIDENCE BEFORE ADMISSION)
130. STATE
130. COLY OR TOWN 130. STREET ADDRESS Zip Code - 20783 13d. INSIDE CITY LIMITS? 7702 25th. Ave. Maryland P.G. Adelphi NO [15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME Goff LAST Christenia Collins Harry 166. SOCIAL SECURITY NO 17 INFORMANT Address Same as 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 233-48-5729 Mr. Charles R. Ruth No# 13e. No SETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a); PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19g. DATE OF OPERATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21s. PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify th (my (our) opinion death occurred on the date and hour and from the causes stated 22b. S IC. NA ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Lewis H. Dennis, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE

831 Univ. Blvd. E. Silver Spring, Md.

23c NAME OF CEMETERY OR CREMATORY 234 LOCATION P.G. Maryland Burial March 11,1983 Ft. Lincoln Cemetery Brentwood

24. FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

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Loris H. Dennis, N.D.

831 Univ. Hlvd. E. Silver Spring, 384.

March 11,1385 Pt. Lincoln Co eters Brentsond P. L. Maryland

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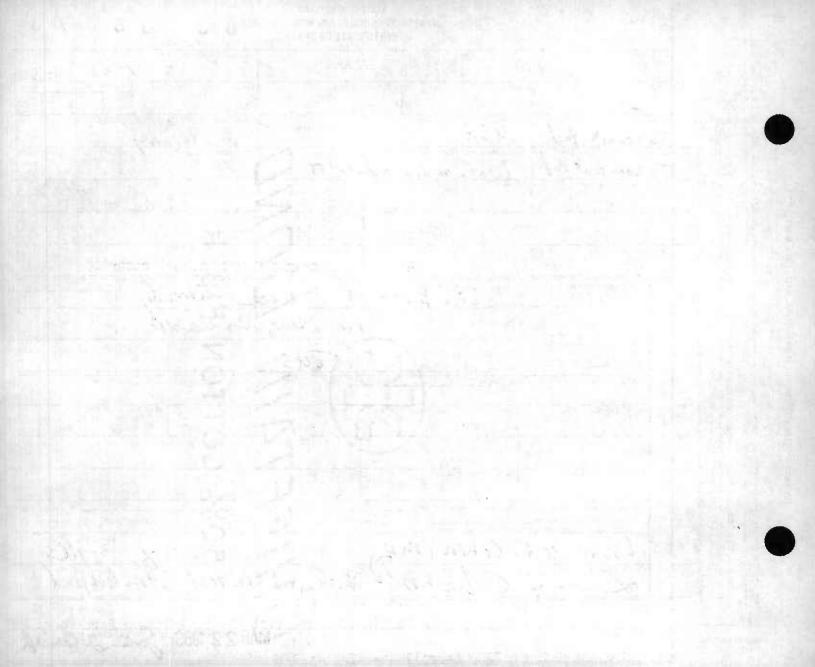
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FOR			STATE OF MARYLAND OF HEALTH AND MENTAL HY	CIENT (5 P.	0 0 0 7
1 - STATE REGISTRAR			RTIFICATE OF DEATH	REG. NO.	8 0 9 3
I DECEASED NAME	BABY	BOY	SALAAM	March 8 7	7 YEAR 25. HOUR 4:00ar
3 SEX	4. RACE	. 5. C	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	BL/	ACK N	March 7, 1983	YRS	ONTHS DAYS HOURS MIN.
Ta Comup	TE OR FOREIGN TO. CITIZEN C		ARRIED NEVER MARRIED DOWED DIVORCED	Man Gamery	OF DEATH M
Ta Comba		OF HOSPITAL, NURSING HO SUCHFACILITY, GIVE STREET ADDRE	Adventist itution	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE N/A	12b. KIND OF BUSINESS OF
USUAL RESIDENCE (1) 130 STATE MD	F NURSING HAME OR OTHER INSTITUTION PG	136. CITY OR TOWN Adelphi	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 9404 Adelphi Ro	20783 pad #201
14. FATHER'S NAME FIRST Abdul	WIDOLE	Salaam	Sharifa	Rashida Frye	LAST
	EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES N/A			Chart(medical rec	ords)
Conditions, if gover rise to couse (o), underlying	ony, which immediate stating the couse lost.	OR AS A CONSEQUENCE	of freuntur,	Non-Via blb	
IPO DATE OF O	peration 196 coi		RATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
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220.1 certify th	ot (I) (this hospital) attended eccosed alive an we) (did) (did not) view the ba	ody ofter death.	DEGREE	, to, 1 on death occurred on the date and hour	9, that (I) (we) lo and from the causes stated 22c. DATE SIGNED
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JSPECIFY) 24 FUNERAL DIRECTO			hington Adventi	St Hospital Takoma	Park Mont.

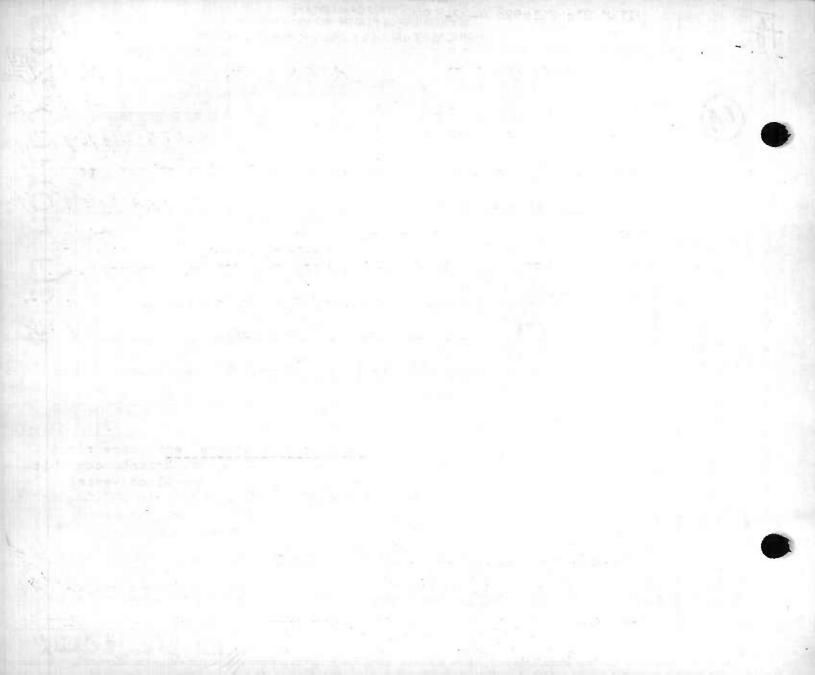
DHMH-16 30M 2/80 (VRA 15, 4)

Herbert Shiroma 7600 Carroll

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TO M EXECU- PAGE TO FU	236 BURIAL, CREMATION, REMOVAL 236 DATE March 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN COUNTY	STATE
BP 754	Cremation 29, 1983 Metropolitan Crematory Alexandria	Virginia
01	24 FUNERAL DIRECTOR Robert A Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGN	
DHMH - 17 (VR A15 ME (5))	Homes, P.A., Rockville, Maryland APR 4 1983 John 20	shelf
15M 2/80	TIOMES, F.A., NOCKVIIIE, Maryland	



6633 Old Alexander Ferry Road Clinton, MaryalndMAR

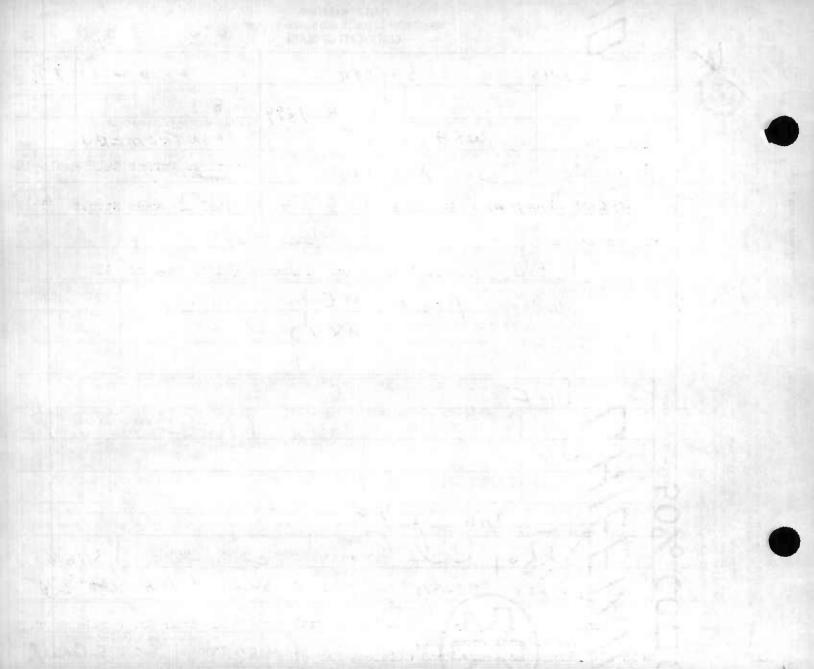
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 4/82

(VRA 15, 4)



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO. TOTAL STATE OF DEATH TOTAL STATE		1				STAT	E OF MARYLAND			
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24. FUNERAL DIRECTOR / 250. DATE REC'D. BY REGISTRAR 250-REGISTRAR'S SIGNATURE	3 3	23a	BURIAL, CREMATION,	REMOVAL 23	b. DATE	230 NAME OF	EMETERY OR CREMATORY	23d. LOCATION		
24. FUNERA) DIRECTOR / 250. DATE REC'D. BY REGISTRAR 250-REGISTRAR'S SIGNATURE		F	(SPECIFY)	3	-19-1983	Evergr	een Cemeter	y Farming	dale, Mon	mouth
		The state of the s		1			25a. D.A	TE REC'D. BY REGISTRAR	25 REGISTRAR'S SIG	NATURE
A DESCRIPTION OF THE PROPERTY	16 50M 4/B2	11		200 1	0/ NC_ 1 AD	DRESS			(/	

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3	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3	080	98
og e 3		CEASED NAME FIRST DORA	I. SCHUMA		AST	3/31/83	MONTH DAY YEAR	2:23 PM
vo od od	3. SE	FEMALE	4 RACE WHITE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	R IF UNDER 24 HRS HOURS MIN.
	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O	erv	MD.
10 10 10 10 10 10 10 10 10 10 10 10 10 1		LVER SPRING	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST HOLY CROSS	TREET ADDRESS)		120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUS EW 1	ON 12b. KIND	OF BUSINESS OR
filled in yould be in	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR RYLAND MONT	VIY / 134 CITY OR 1	FFORE ADMISSION) R SPRIN			ICK LA # 202	2
mpletely ond 2 st	14. FA	Israel	Behry	1	15. MOTHER'S MAIDEN NA Bertha	WIDOFE	Rić	če
n ond co	160 \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS VE WAR OR DATES) 214-14	-7416	Irvin B. Sch	numan; 1902		il.Spg,Md
references to the certification of the certificatio	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE OUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	io Sch	rocardul entic Haa	J Diseasuminal Disease or con	DITION GIVEN IN PART 1	l(o)
hos been s permit. The mene prior te	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	TICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
SICIAN III physical certificate criol-transition in 18 pt	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RRED (FINTER NATURE OF INJU	RY IN ITEM 18 PART (OR PART 2)	
offer this os the but hand M	MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	219. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OUNTY COUNTY	STATE
ATTENDIA Sported or CCTOR: A for use 1. of Health			ital) attended the deceased from 7/2/ at) view the bady after death.	19 87 , 01	31, 19 & 3 nd that in (my) (aur) apinian	, to, to	ate and hour and from th	
TAL OR y the ho RAL DIRE detached tote Dept	W.	1/2_ 11	Zugu n	100	DEGREE フ.つ . ATTENDING PHYSICIAN	MEDICAL STAI	FF _ 2/-	SE SIGNED
TO HOSPIT retained by TO FUNER should be with the Ste IMPORTAN	0	740MAS H.	0	RES	HOLY CRUSS	HOSPITAL.	SILVER SPR	ING MU
BP	23a.	BURIAL, CREMATION, REMOVAL (SPECIES) Burial	23b. DATE 4-3-1983	King Da	emetery or crematory wid Mem. Gard	den Falls	Church, Va,	STATE
DHMH - 16 50M 4/82	24. F	uneral director anzansky-Goldhe	era Chanels. 11	Rockvill	Te, Md. 25 A	PERECO. BY 1983 AR	THE PROPERTY SIGN	week!

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0	8 0	9 9	
		CEASED NAME FIRST	MIDD	LE		ASY	2e. DATE OF DEATH	MONTH D		2b. HOUR	-
		Clarin	da Made	lin	Seeb	old	March 9, 1983 11:38				
Э	3. SE	X	4. RACE		5. DATE C		6. AGE IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24				
		Female	White			21 1895	87 YRS				
3		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH.	AT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH		Г
2		Virginia	U.S.A		WIDOWE		Montgome	rv		MD).
0		ITY OR TOWN OF DEATH	11. NAME OF HOS			OR OTHER INSTITUTION	128 USUAL OCCUPAT	ION		F BUSINESS OR	Ī
1		thesda	Suburban				Exec. (Re	tkred	U.S.	Gov't.	
avie	13a. S	AL RESIDENCE (IF NURSING HOME OF	NTY 13c	ERESIDENCE BEFORI CITY OR TOW ashingt	'N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	s Ave.	N M	79998	7
7		ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME		, III W	•	-
5		William	WIDDLE	Butler		Mary	Ellen		Cunkn		
10	Ióa V	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166	SOCIAL SECL	IRITY NO.	The state of the s		Gaithe			-
Ci	17	YES, NO OR UNKNOWN) (IF YES, GP	VE WAR OR DATES)	79-14-4	Ю22	Robert E See	bold. 9701	EY AT de	DA.	,	
an		18. CAUSE OF DEATH (Enter or	nly ane cause per line	farial (b), an	d (c).)	Robert E See	7701	126146	APPROXI	MATE INTERVAL	=
심		PART I. DEATH WAS CAUSE	ED RV	7		2 - Respir	ston For	lure	12	93	
1		4140 IMMEDIA					9			3	-
84		Canditians, if any, which	DUE TO, OR AS	hero-s	lero 1	Fic Heart	Sisease				
ne		gave rise to immediate cause (a), stating the	1								Ī
J.		underlying cause last.	(0) 5	troke	1 - 6	Chronic Brai	4 Syndre	u-e			
Examiner		PART 2. OTHER SIGNIFICANT							N IN PART 10	31	_
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ical	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDIN		
ij	TIFE		40				YES NO	1		NO 🗌	
Med		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF IN	NURY MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR		19					`	
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by		220.1 certify that Withis hasp	ital) attended the de	eceased fram_	2	1982	, to <u>3 9</u>		9 73	that (I) we) last	1
-		saw the deceased alive or abave, (I) (we) (did (did no	ot view the bady after	er death.		nd that in (my) aur) apinian	death accurred an the d	ate and haur	_		
ared	12	22b. SIGNATURE	- fr			DEGREE ATTENDING	MEDICAL STA	EE	22c. DATE		
83		10201	3		17.	PHYSICIAN	DIRECTOR PHYSI	IAN	3-4	-83	_
G,		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS					
,		Alberto Rot	sztain			10401 01d Ge	orgetown Rd	Beth	esda,	Md.2081	4
	23a. B	BURIAL, CREMATION, REMOVAI (SPECIFY) Burial		_		EMETERY OR CREMATORY	23d LOCATION W CITY OR TOWN		COUNTY	STATE	
		Durtat	3/12/198	53 P	rospe	ct Hill Cem.	"ashingt	on D.C			

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 5130 Wisc. Ave., N.W. Wash., D.C. (VRA 15, 4)

Prospect Hill Cem.

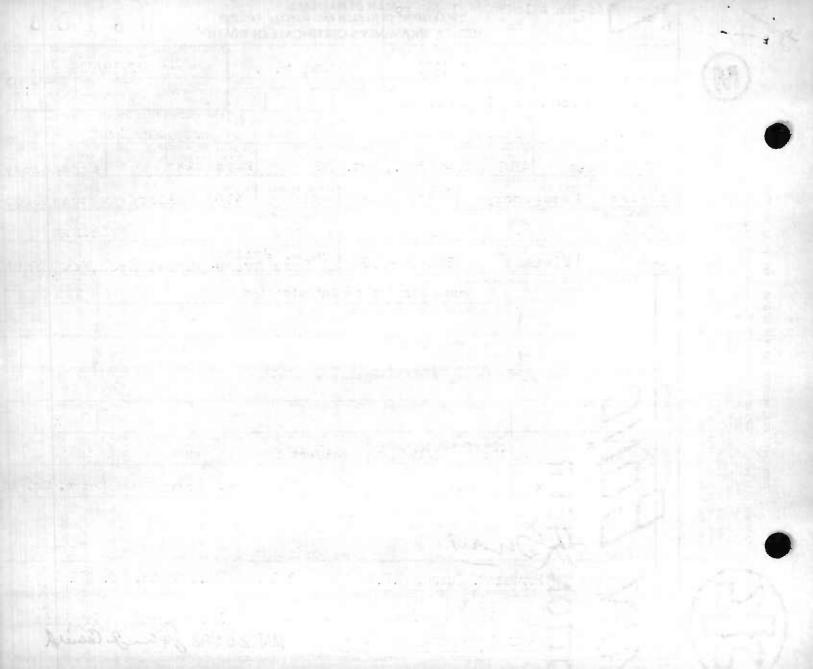
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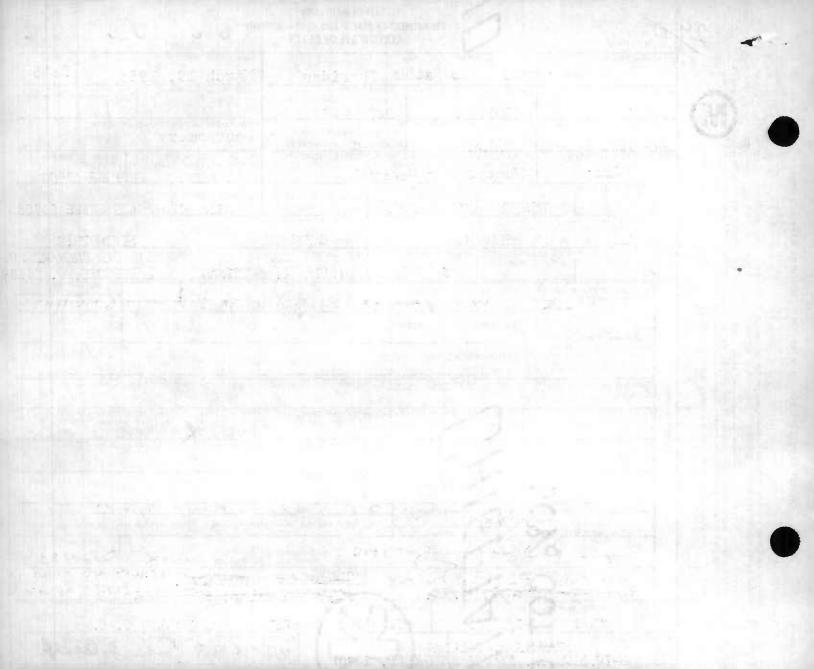
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20	-	1-	STATE REGISTRAR		ME	DICAL EXAM				DEATH	REG	NO.	1	U	U
9	1		CEASED NAM	FIRST		WIDDLE		LAST		20. D	ATE KNOWN	X MONT	H DAY	YEAR	2b. HOUR
	E-MARCE T	(COKPRINT	James		Phillip		haper,	M.D.		OF ESTI-	□3/1	9/83	19	M
		3. SE)	(4 RACE	5. DATE OF BIRTH MONTH DAY	YEAR LAST BIR	YEARS IF UI		IF UNDER 24		DATE	MONTE		YEAR	3:400°
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¥.	DURS A 18. GIN 5. WITH AIT. PAC E, DIVIS			11100		for (o), (b), and (c).)	4431	HA_R	ose A	venue	Grea	t Nec	API	DDC Y IAA A II	York
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×.	AMIN OR OR			stating the under-	DUE TO, OR	AS A CONSEQUENC	E OF								
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CORDS	BE EXENDING MEDICAL AS A BL	NOI	PART 2 DIHER SI	GNIFICANT CONDITIONS <u>C</u>	DNTRIRUTING TO DEATH	BUT NOT RELATED TO THE I	ERMINAL DISEA	SE OR CONDITION	N GIVEN IN PART	l ral-					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG YORE, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PRIGR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH O	PERATION V	VAS PERFOR	MED?					UTOPSY	? NO []
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH 2h HOUR L DECEASED NAME TYPE OR PRINTI Virginia March 20, 1983 Gertrude Shaw IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE female white OCTOBER 6.1891 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED A NEVER MARRIED VIRGINIA U.S.A. Montgomery Country DIVORCED T WIDOWEDRO B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR HOLY Cross Hosp. Sil Spr Md. BOOKKEEPER SILVER SPRING EQUITABLE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 2108 HILDAROSE DRIVE 20902 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME STREET WILLIAM FAUCETTE JULTA 17 INFORMANTEPHEW 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. NO OR UNKNOWN) HENRY C. JOHNSON STEPER BENTING, MD. 128987 LIF YES GIVE WAR OR DATEST 577-05-7127 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? Cleared by DIVISION OF VITAL R YES [210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 LIF EITHER NOTIFY MEDICAL EXAMINERS 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 3-20 22a. | certify that (1) (this hospital) attended the deceased from 8-3 sow the deceosed alive on 3 - 8 obave, (I) (we) (did) (did not) view the bady after death and that in (my) (euch apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 17h STONATURE DEGREE ATTENDING MEDICAL 3-21-1 PHYSICIAN DIRECTOR PHYSICIAN SILVER SPRING, MARYLAND EDWARD RICHARDS d b 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE WASHINGTON, D. C. 3/23/83 ROCK CREEK BURIAL BP. 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 (VRA 15, 4)

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	1:1					STATE	OF MARYLAND			
	24	1.	FOR STATE REGISTRAR		DEPART		ATE OF DEATH	SIENE 8 3	0 8	102
			CEASED NAME FIRST		WIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR A
9 8		,,,,,	Marg	aret	Kathari	ne Sh	eridan	March 19	, 1983	8:45 ^A _M
D 0	~	3. SE		4. RACE		5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
8	(RA	F	EMALE	CAUCA	LSTAN		28 1902	80	YRS.	, noons
2	ANO	7a. 81	RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	8.	□ NEVER MARRIED □		R COUNTY OF DEATH	
TO HAVE	194		EW YORK	U.S.	Α.	WIDOWED		Montgome	ry	MD.
1 1 1	3,0	10 C	TY OR TOWN OF DEATH	LIE NOT IN SI	UCH FACILITY, GIVE STREET		OTHER INSTITUTION	124. USUAL OCCUPAT		OF BUSINESS OR
2 4	\$07		Olney	Mont	gomery G	enera	1	ADM. ASST.	DEPT OF	
g # 1	10/	USU. 13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b. COL	OR OTHER INSTITUTIO	13c. CITY OR TOW	ADMISSION)	de INSIDE CITY LIMITS?	13e. STREET ADDRESS		
22 1	100	M		GOMERY	SILVER S		YES XX NO 🗆		ENEAGLES DR	IVE 20906
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p di	1350	CI	<i>HARLES</i>	BEILM			KATHARIN	E	FITZMO	RRIS
do bi	goog .	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECL	RITY NO. 1	7. INFORMANT SON		516 OLD	ORCHARD RI
9 80 8	9	1	VO	THE THE OTTO ATEST	578-58-	1067	WILLIAM L.	SHERIDAN	BALTIMOR	E.MD. 2122
40	70 #		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE)	only one couse p	er line for (o), (b), an	d (¢1.)				NONSET AND DEATH
tho th			PART I. DEATH WAS CAUS	ATE CAUSE (0)	HYPERNEP	MROMA	METASTAT	IC TO BOXE	MARROW 6 M	ONTHS
h cer	of o		1890		OR AS A CONSEQUE	NCE OF				T WITH
deot	ion,		Conditions, if ony, which	(b)_	011 710 71 20 102 40					
the o	emoli er fre		gove rise to immediate couse (a), stating the	DUETO	OR AS A CONSEQUI	NCE OF				
by by	, c.		underlying couse lost.	((c)	OK AS A CONSECUTION					
signed	o burio	z	PART 2. OTHER SIGNIFICAN	CONDITIONS	CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
v re	ony in	CERTIFICATION	19a. DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	20g. AUTOPSY?	20h. IF YES, WERE FINE	DINGS USED
hos	Shows o	FF						YES IN NOW	IN CERTIFYING CAUS	ES OF DEATH?
vsicio rate	Hygie 18 sho	CERI	210. ACCIDENT WAS UNDERLYING		OF INJURY		TIL HOW INJURY OCCUR			
CIAP Phy rtific	hem 18		OR CONTRIBUTING CAUSE OF C	eviu.	A.M. MONTH D.	AY YEAR				
PHYSICIAN: ending phys this certifica	0 =	MEDICAL	216. INJURY OCCURRED		P.M. E OF INJURY	19	If LOCATION			
of the state of th	olth ond M morked or	M	WHILE NOT WHILE AT WORK	(AT HOME, S	STREET, FACTORY, OFFICE,	ARM, ETC.)	STREET	CITY OR TO	OWN COUNTY	STATE
o o o	olth		22a. I certify that (I) (this has	nital) attended	the deceased from	FEB	17, 10 83	to MARCI	1 (9, 10, 83	_, that (I) (we) lost
OR OF	F He		sow the deceased alive of	MARCH	19 10	3.5	that in (my) (our) opinion		7	
AT	pt o		obove, (I) (we) (did) (414)	view the boo	ly ofter death.		GREE			TE SIGNED
he he	T Pe		Emana P.	J Va	many	TIM	O ATTENDING	MEDICAL STA	FF V	10/83
by t	Stote		22d. PHYSICIAN'S NAME LIYE	OR SOUNTI			PHYSICIAN [DIRECTOR PHYSIC		E PENUA A
HOSPI ned b	the SRIA		EUGENE	P- (FUNNE	24	3701 Ross	moor rivd	IBM PRINCE	C MA LOGO
etoin TO F	with the Stote		Guntavo-8	Tarvel.	-	1	Silver Sp	ring, MD	20906 OLNE	1,40 9083
			SURIAL, CREMATION, REMOVA				METERY OR CREMATORY	23d. TOCATION CITY OF TOWN	COUNTY	STATE
BP			BURIAL	3/22/	83	MT. OL	IVET CEMETER			
HMH - 16 5		24 FI	INERAL DIRECTOR FRA	VCIS I	COLLINGESS			TE REC'D. BY REGISTRAR	26 REGISTRAR'S SIGN	TURE
(VRA 15	. 4)		500 UNIV BLVD			MD 2	0901 MA	R 2 9 1983	Join of	



STATE OF MARYLAND

ARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR	CERTIF	CATE OF DEATH	REG. NO.	8 1 0 3
ı	1. DECEASED NAME FIRST	MIDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Be 551e	SHOEN	AKEE	March 4.	1983 013 AM
1	3 SEX 4 RAC	4		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female V	white 4	13 1905	77 YRS.	MONTHS DAYS HOURS MIN.
d	70. BIRTHPLACE STATE OR FOREIGN 76. CIT	TIZEN OF WHAT COUNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	OF DEATH
	VA.	USA WIDOWE	D DIVORCED	Montgomery Co	MD.
30		NAME OF HOSPITAL, NURSING HOME OF HOOT IN SUCH FACILITY, GIVE STREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
ļ	ROCKUITE 5	nadu Grove And)entist tespita	L Housewife	
		INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			20070
	Md. MONT9	GAITHERS BUT	YES NO	Dufiet Mil	1 Rd,
1	14. FATHER'S NAME		15. MOTHER'S MAIDEN NAM		
	ASHTON	Grimes	Rebec	MIDDLE	DAULS
1	160 WAS DECEASED EVER IN U.S. ARMED FO		17. INFORMANT	ADDRESS	. /
	(YES, NO ORUNKNOWN) (IF YES, GIVE WAR O	216-16-0347	HAMAND 5	hoemaker Poul	es-ule md.
	18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	C Leliune	to meses	neue Outry	BETWEEN ONSET AND DEATH
	Conditions, it ony, which	DUE TO, OR AS A CONSEQUENCE OF	iterial Er	uboli	2 weeks
١	gove rise to immediate	HE TO OR AS A CONSTOURNISHOUS		^	

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

CITY OR TOWN

PHYSICIAN [

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NO [

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19

NO (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

P.M 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM FIC.

211 LOCATION

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from

(eue) opinion death occurred on the date and hour and from the causes stated ATTENDING PHYSICIAN EDICAL STAFF

DIRECTOR

22c. DATE SIGNED

22e ADDRESS

DEGREE

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR

230. NAME OF CEMETERY OR CREMATORY
LINGEN HILLS

Frederick

MAR 1 1 1983

.00 resemble controls A PROGRAM DESIGNATION OF THE PROGRAM White the following the second of the second 1 The State of the Art State State of the St MAR 11 1883 James Carried

232 CARROLL STREET. N. W. WASHINGTON, D. C.

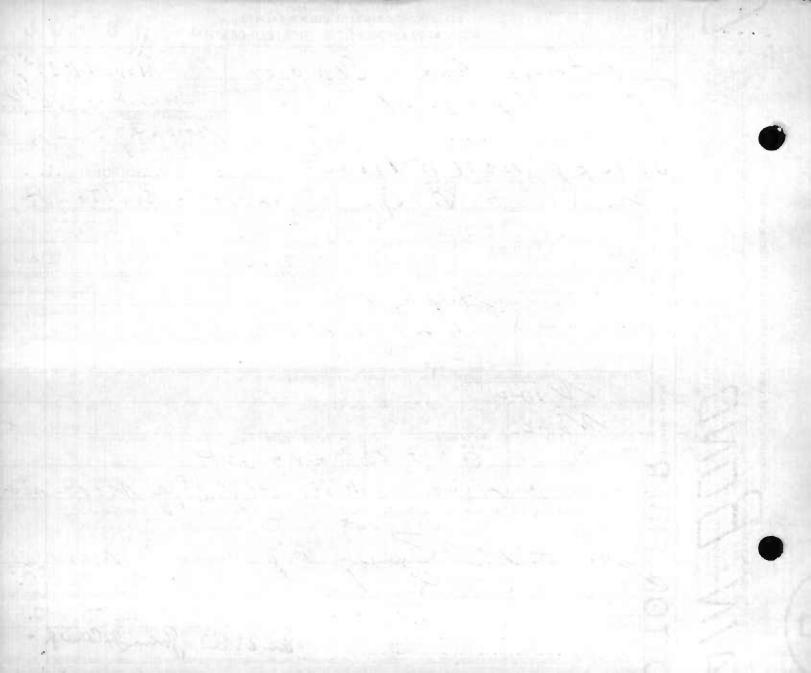
(VRA 15, 4)

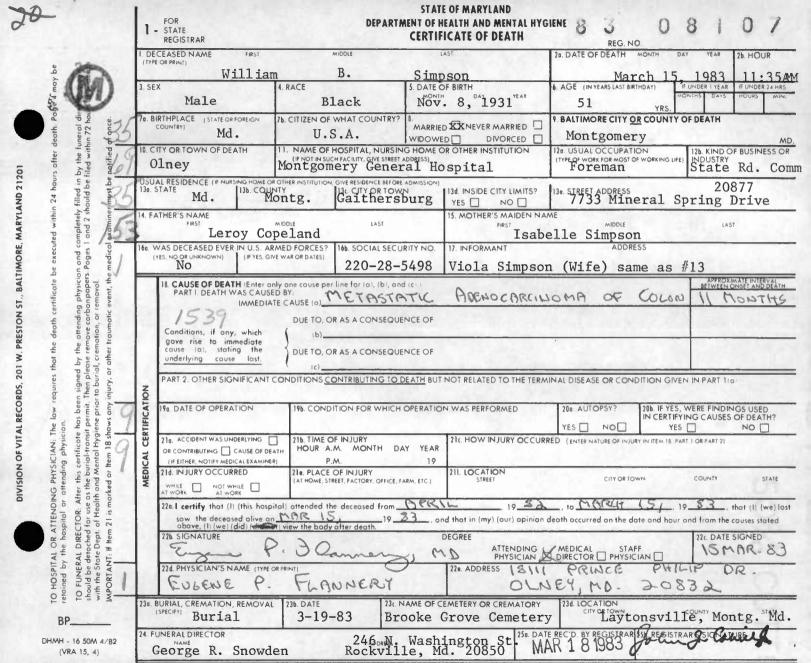
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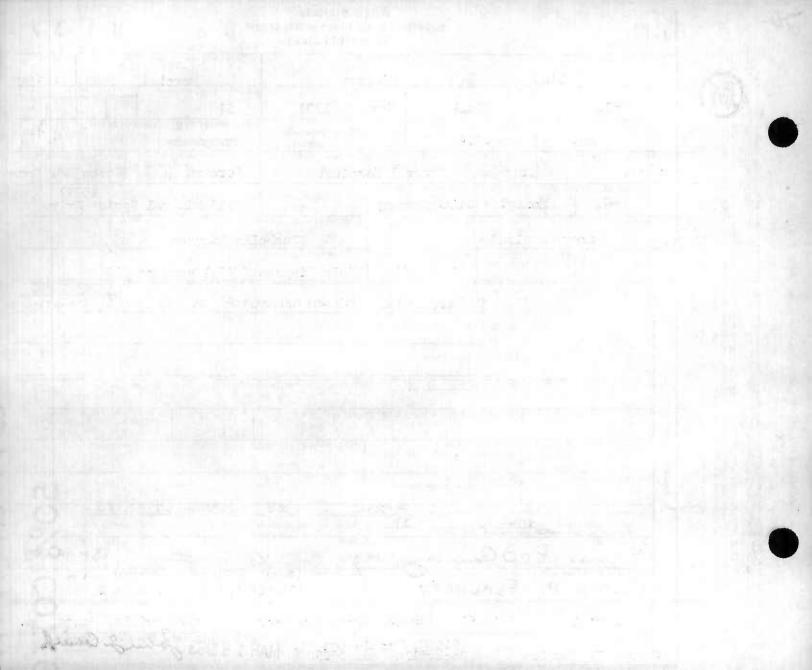
1/2				FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH	H	REG) j. NO.	0	8 1	0 5
41	m e			CEASED NAME ORPRINT)	FIRST	^	AIDDLE	O. "	451	20.	DATE OF DEAT	H MONTH	DAY	YEAR	26 HOUR
y pe	age deat				Lilli	e,	Ν.	->·m	ons			3	8	83	430
e a	60		3. SEX	- m. 1	4	I. RACE	-	5. DATE C	DAY YE	4.0	GE (IN YEARS LAS	T BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS
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9	Marin .	5,0		THPLACE (STATE OR FO	PREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER MARRIE	9. B.	ALTIMORE CIT	Y OR COU	NTY OF E	EATH	
death.	o o	0		Marylan	a l	U.S.	A .	WIDOWE			Montg	o men	cy		
	2 4	0.	10_CT	Y OR TOWN OF DEA		1. NAME OF	OSPITAL, NURSI	NG HOME O	R OTHER INSTITUTIO		USUAL OCCUP				BUSINESSO
offer	y th	14	Go	ithersbu	nc l	Herman	HEACILITY, GIVE STREET		Center		Housew		IG LIFE) IN	Own	Home
0015	e file	20	USUA	L RESIDENCE (IF NURSITATE	G HOME OR C	THER INSTITUTION.	GIVE RESIDENCE BEFOR	E ADMISSION)			Transport of the same			OWII	
24 h	filled ould b	(5)	AL						13d. INSIDE CITY LIM		STREET ADDRE			2	153.
within 24	7-6			ryland	ALLE	egany	Frostb	urg	YES NO [z wate	r. St.			
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red	lono!	10		Henry			Neff		Ella		AD	DRESS (lunn	ett	
xec	ges	2		AS DECEASED EVER I		WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	17. INFORMANT						
pe	s. Po	1		No					John 0.	Simo	ns, Ba	ltimo	ore,		
certificote	ng physici rbonpoper			18. CAUSE OF DEATH PART I. DEATH WA	S CAUSED	y one couse per BY: CAUSE (o)	hota	STAT	ic CA	RUI	Nom.	A		APPROXIM BETWEEN O	NSETAND PERIN
deoth c	0000			Conditions, if ony, gove rise to imm		DUE TO, OF	A ACK	FNO	ma, K	Borre	Lui	v95			11
thot the	se rer crem			couse (o), storing underlying couse	the	DUE TO, O	AS ACOMPEON	PENCEOF	MA	141	da	0-9			
requires	hen p		TION	PART 2. OTHER SIGN	3170				LATTER'S			356			
The low	sicion. ste hos been usit permit. I ygiene prior	of	CERTIFICATION	190. DATE OF OPERAT	THE	Sec. C		OPERATIO	N WAS PERFORMED	Y	ES NO	IN CE	RTIFYING YES [200	OF DEATH?
PHYSICIAN: The	this certificate be burial-transit and Mental Hygie	Cal		210. ACCIDENT WAS UNDI OR CONTRIBUTING . C. (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY C	OCCURRED	ENTER NATURE OF	INJURY IN THEM	18, PART I C	OR PART 2)	
G PHYS	er this carbinates and Me		MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗍	21e PLACE ((AT HOME, STR	OF INJURY EET. FACTORY, OFFICE,	FARM, ETC	ZII. LOCATION		CITY C	or TOWN	100	OUNTY	STATE
Z	After the se os the solth and			220.1 certify that all	-	oli ottended the	n place and delican	N	19	75	to. 5	11/	19	2	hot (I) Lucillo
ATTENDI	or or or of He			sow the dycease	d olive on_	3/	4/11/18	J on	d shot in Lay 1 (gulf to	pinion death	occurred on th	e dote and	hour ond	from the c	ouses stoted
× ×	RECTOR hed for ept. of H			22b. SIGN	d) (did out	view the blady	offer death	1	DEGREE			1000		22c. DALE S	MED
0	0 000		4	Tuo.	31	110	NX	m	ATTEND PHYSIC		EDICAL SECTOR PH	STAFF YSICIAN [3/8/	183
ο.	TO FUNERAL should be deto with the State	/		22d. PHYSICIAN'S NA	CI TYPE OR	WAR	0 6,	1/61	POBIN	noon	0, 13.	116	ISD.	4	2/1/
5	e te s		23a. B	URIAL, CREMATION,	REMOVAL	236. DATE		NAME OF C	EMETERY OR CREMA	TORY 2	3d. LOCATION	2		INITO	CTATE
E	3P		(Buria	7	3/10/	'83 F	bg Me	morial F	Park I	rostb	urg 1	Id.	Alle	gany
	H - 16 50M 4/I	32		NERAL DIRECTOR		.5	7 Frost	Ave	2	MAR	1 8 1983	RAR 200 REC		SIGNATI	
	(VRA 15, 4)		Du	rst Fune	cal l	lome r	rostbur	8, F10	.21532	111111	- 0 1300	0	~~		

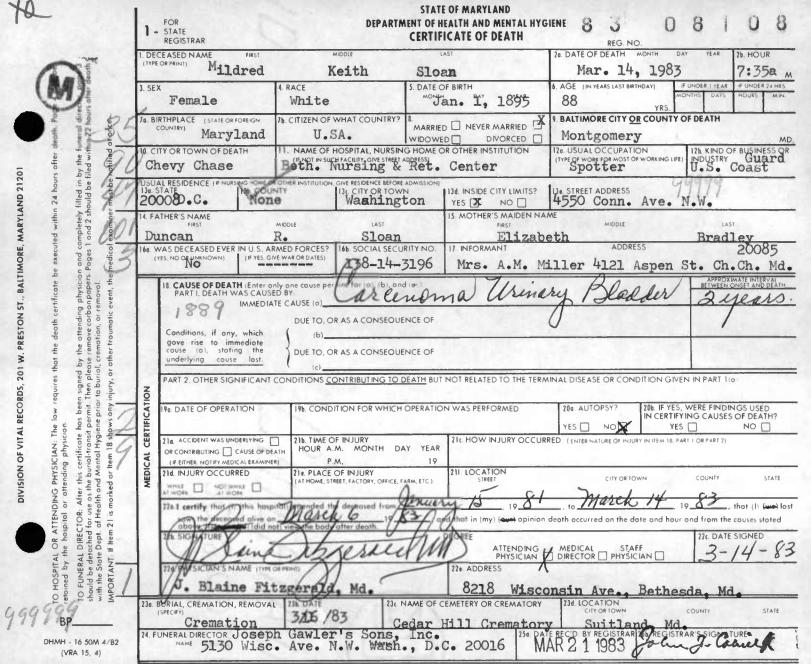
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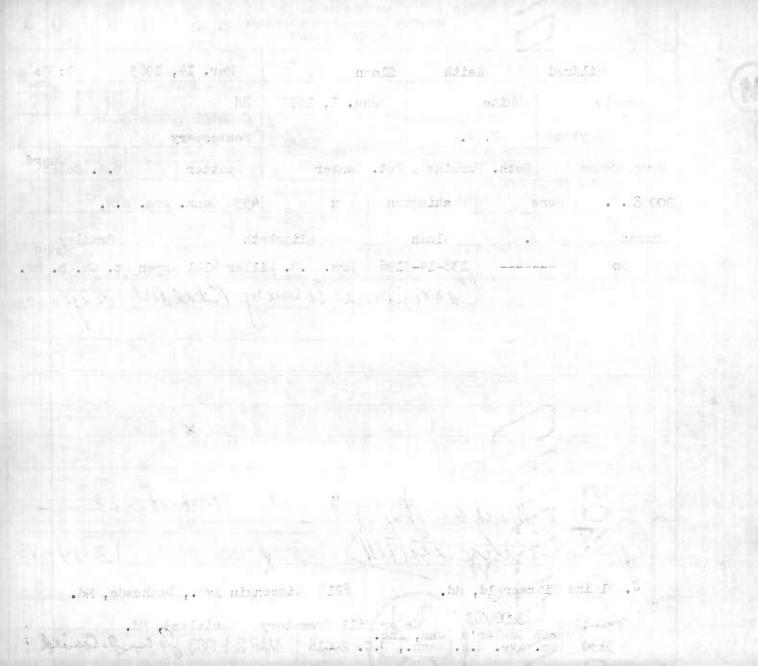
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	• c =3		STATE REGISTRAR	MEI	DICAL EXAMIN	HER'S	CERTIFICATE OF DENTH	REG. NO.	100		
IA	-		EASED NAME FIRST	-0.011	MIDDLE	0		E KNOWN MONTH	DAY YEAR 26 HOLL		
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	ARY, PLEASE L DRECTOR. COUR FILES. N 72 HOURS TON STREET,		FW	JEST 7	YEAR LAST BIRTHE	(RS MONT		ADUZVUK	15 1082 3		
	SAR		RTHPLACE (STATE OR	76 TIZEN OF WH	3 2 7 11	10	IED NEVER MARRIED 9. BALT	IMORE CITY OR COUN	ITY OF DEATH		
	SASSEL!		ASHINGTON. D.C.	u.s.A	1.	WIDOW		211-7	2 m 2111 "		
	NO STATE OF	10. CI			PITAL, NURSING HOM		ER INSTITUTION 120 USUAL OC		126 KIND OF BUSINESS		
	PARES OO	d	2. 1. Ch "	12 6 7	CHITY, GIVE STREET ADDRESS)	Lun	PFR SON		OR INDUSTRY N.I.H.		
_	2-7-0				E RESIDENCE BEFORE ADMISS	ION)		20000	41 14.1.11.		
120	F ANY DE RETAIN SHOULD B	13a. S	TATE 1 136 COUNT	TY to	13c CITY, OF TOY) .	YES NO DE 130. STREET ADD	DRESS 10202	tondt		
D. 2	SH SH	14 F/	THER'S NAME	000	VI IV JU	1	15, MOTHER'S MAIDEN NAME	0 / 0 - 0			
RE, MD	R DEATH. IF AGES 1, 2, RM PM 3. 1 AND 2 SH	J	OHN R.	INGA			GLADYS		ETTINGER		
BALTIMORE,	NETER DE	160. V		AED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		DARERT A CIMPONI	SAME AS	13 HUSBAND		
MALI	JRS AFTER 8. GIVE PA WITH FOR T. PAGES I DIVISION		NO		219-34-84	710	ROBERT O. SIMPSON	SAME AS			
	18. WIII.	m	 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED 		for (a), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IS NO	WITHIN 24 HOLENCIE IN IEM 16 MINER ALVIEW 1 TRANSIT PERMIN NI ALVGIEWE, OR REMOVAL.		9350 IMMEDIAT	E CAUSE (a)	Spay	N' 8	2				
PRESTON	THIN 24 H CIL IN ITEA VER ALON ANSIT PER AL HYGIEI REMOVA		Conditions it was subjets	DUE TO, OR	AS ACONSEQUENCE	OF			in the state of the		
	NER SANS		Canditions, if any, which gave rise to immediate	(b)	4 3 ng	17	49				
3			cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
. 201	S S S S S S S S S S S S S S S S S S S			(c)							
RECORDS	WID BE EXECUTED "PENDING" IN PINE MEDICAL EXANSED AS A BURIAL HALLH AND MELAL CREMATION, ()	-	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PART 1 (a)				
2	D BE EXE PENDING MEDICA AS A BI EALTH A CREMA	MEDICAL CERTIFICATION	108	20					To the same		
	SHOULD ORD "PE CHIEF A CHIEF A CHIEF A TOF HE/ URIAL, C	ICA	190. DATE OF OPERATION	196 CONDII	TON FOR WHICH OPE	RATION W	AS PERFORMED?		20 AUTOPSY?		
OF VITAL	HIS CERTIFICATE SHOWRITING THE WORD ARDED TO THE CHIENCE SHOULD BE US THE DEPARAMENT OF THE DEPARAMENT	RTIF	210. EXTERNAL CAUSE WAS	21b. TIME OF	The second secon	To:			YES NO-E		
Ö	A SA	I CE	UNDERLYING OR		MONTH DAY YEA	R	OW INJURY OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR P	ART 2)		
Ö	SHOR SHOR	ICA	CONTRIBUTING CAUSE OF	P.A.	3/5 19/	30	Thing Jett				
DIVISION	S CER RITIN RDED 35: 35	MED	21d. INJURY OCCURRED WHILE NOT WHILE	STREET, FACT	ORY, FARM, ETC.)	11.10	STREET CITY OF	TOPA	OUNTY STATE		
۵	THIS CE WARDE PAGE 3 17ATE DI 21201 F		AT WORK AT WORK	6 45	ne	XII	Itomot Vil	UP31/11	onto ma		
	FORV TOR: F THES: AND,	[22a. I certify that I took charg	e of the remains des		Autop		iry and in my o	ipinian		
	MIN HE HE HE HE HE HE HE HE HE HE HE HE HE	-	death resulted from Natur	al causes ,	Accident S	ivicide 2	Hamicide Undetermined	manner .			
	DIE WIN	13	///	201	//		TITLE (SPECIFY)	DAY			
	CAL EX THE CE SHOULD SAN ME EATH WI		SIGNATURE	11	aga	a N	A.D. Dex MEDICAL EX	AMINER SIEN	Mzrch of		
	NE SINGE	1	EXAMINER'S NAME 7011		0	1	ADDRESS 1919 SEMINARY	DOAD STIUFE	SPRING NO		
	TO MEDICAL EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH BALTIMORE,	- E	(TYPE OR PRINT)JUHN			/			. Si kiziko jiho i		
	EDZES	230. B	URIAL, CREMATION, REMOVAL 2		23c. NAME OF CE		CITY OF TOWN	NOOD PRÍ	GEO MO.		
	BP	24.5		3/18/83		CULN					
	DHMH - 17	4 1	NAME TOO WHITE RIVER	S J. CULL	LIND CODILIO	2 MD		TRAR 296. REGISTRADIS	think		
	(VR A15 ME (5)) 20M 4/82		500 UNIV.BLU	v., w., SIL	VER SPRING	, 1410.	20701 (1)	U			











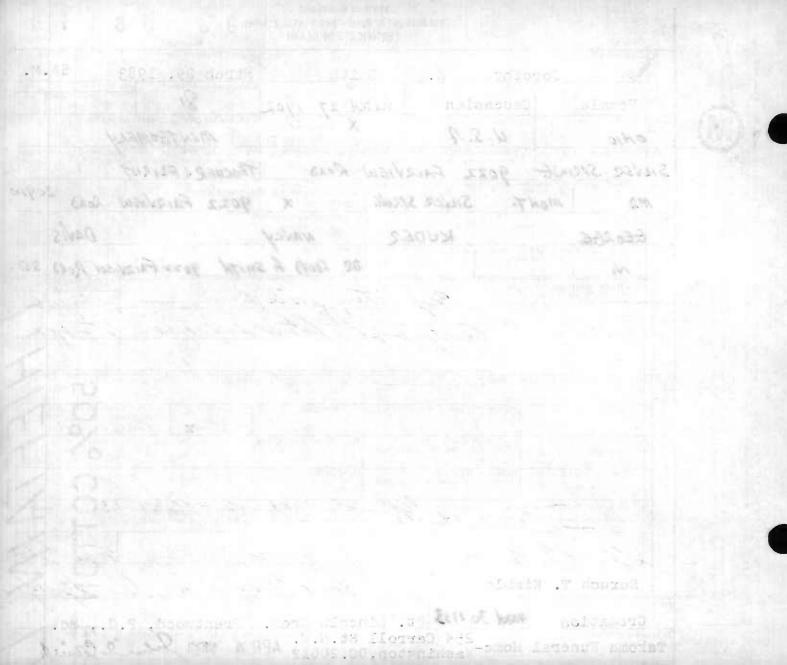
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, ,	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 1 0	7
m.e	1. DECEASED NAME FIR	ST MIDDLE	LAST	20. DATE OF DEATH MON	1.00.	₹
y be	Alic		Smiley	March	27,1983 12:30) AM
ner b	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS	4 HRS
	Female	White	Jan. 11 1895	4	YRS.	
9	70. BIRTHPLACE (STATE OR FOREK COUNTRY) New York	U.S.A.	MARRIED NEVER MARRIED WIDOWED	9. BALTIMORE CITY OR CO		MD.
The factor of th	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS) 5215 Cedar	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR	126. KIND OF BUSINES	SSOR
ing tilled	Bethesda	Carriage Hill-	-Bethesda Lane	"omemaker	Home	
filled in ould be	USUAL RESIDENCE (IF NURSING H 130. STATE 13b.	OME OR OTHER INSTITUTION GIVE RESIDENCE BE COUNTY 13c. CITY OR T Washin	OWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4705 Berkley	Terra Naw 94	199
ithin ithin 2 sh	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME		
mple ond	Henry	Dimo	n Alice	WIDDLE	Hudson	
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BALLIMORE, cote be execu- values. Pages values. Pages tt, the medical	No	346-2	4-4061 Jane S Hart	. Same as it	em 13/	
es that the death certificated by the attending physical, cremation, or remaining, y, or other traumatic ever	Conditions, if ony, wh gove rise to immedia couse (0), stating underlying couse leads	DUE TO, OR AS A CONSE (b) (b) DUE TO, OR AS A CONSE (c) (c)			DI GIVEN IN BART LO	EATH YS
NG PHYSICIAN: The low requirent of the physician. The this certificate has been signs the burial-transit permit. They the and Mental Hygene prior to arked or them 18 shows any injur	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX-	NG 21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19	200 AUTOPSY? 200 IN YES NO RED (ENTER NATURE OF INJURY IN I	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO THE NO TO THE NO T	H?
R ATTENDI hospital or RECTOR: A hed far use ept of Heal tem 21 is m	21d. INJURY OCCURRED WHILE NOT WHILE THOUSE HOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.) 211 LOCATION STREET 9 and that in July (our) apinion	1	3	ve) lost
TO HOSPITAL O retained by the TO FLINE RAL D should be deformed by the Mandalle and the Mandalle before D Mandalle before before before the Mandalle before before the before th	22d. PHYSICIAN'S JAME HENRY 23a. BURIAL, CREMATION, REM LSPECEY	C. S'CRUGGS OVAL 23b. DATE	TO SUBSTITUTE OF CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR DHYSICIAN PLAN A 123d. LOCATION CITY OF TOWN	Sethes da mo	ATE
1997BP	Cremation		Cedar Hill Crematory		Msryland.	
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FÜNERAL DIRECTOR JO NA/5130 Wisc	seph Gawler's Son	ns Inc	APR 4 1983	PGISTRAR'S SPINATORE	A

March 21:50 March

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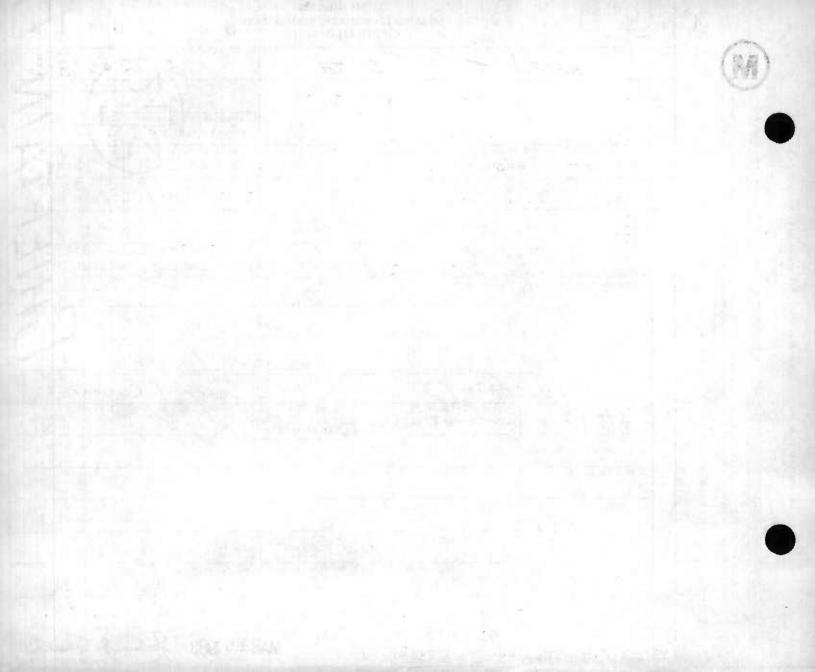


	1			TATE OF MARYLAND		
10	1	FOR - STATE REGISTRAR		OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 8 3	08!!!
		CEASED NAME FIRST HY		LAST Smith	20 DATE OF DEATH MONTH	10.1100%
a Allahan		FRANK	L.	SMITH	3	- 8-83 4 A M
ige 4 moi	3)58	MALE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 74 HRS MONTHS DATS HOURS MIN.
nerol di n 72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY) EW YORK		RRIED WEVER MARRIED	Mon to	UNITY OF DEATH
by the fu	100	or town of Death bethesda	11. NAME OF HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	TID KIND OF BUSINESS OR INDUSTRY FIRM
(ND 2120 24 hours filled in by ould be file	USU 13a.		OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIVE TOWN		13e STREET ADDRESS	20817
tely for the short	14. F.	ATHER'S NAME	TGOMERY BETHESO,	15. MOTHER'S MAIDEN NA	9207 BEECH	HILL VEIVE
MAR omplet		TOWA!	P_ SMITH	FIRST	MIDDLE	LAST
		WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166. SOCIAL SECURITY N	IO. 17. INFORMANT	ADDRESS	4 PLUM GROVE WAY
MORE on ond co Poges I		YES, NO OR UNKNOWN] (IF YES, GIV	OII-10-493	2 TAMELLE	SUTHERLAND G	
ALTI he b sicior ol.			ily one cause per line for (a), (b), and (c)	Se VISUAL RIVE	ZWINERANDI) U	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., B phys npop movent,			D BY: RECAUSE (o) Rectal Carci	noma with Conge	stive Heart Di	
N S Ceri		1541 IMMEDIA	DUE TO, OR AS A CONSEQUENCE			
PRESTON ne deoth c emove cort ration, or		Conditions, if any, which	(1b)	or		
he o emo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	25		
by by loth oth		underlying couse lost.	DOE TO, OK AS A CONSEGUENCE	Jr.		
DS, 20 i	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
AL RECORDS, The law requir ton. The seen significant. Then the permit. Then the permit in the most only injury	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED		IF YES, WERE FINDINGS USED
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NOFN SICIAN ng phy certific origi-tre entol H		OR CONTRIBUTING CAUSE OF DEA		EAR 19		
NG PHYSICIAN: offending physic fifer this certificate as the burial-trons in and Mental Hygin and Mental Hyg	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
DIVISI ING PP After th as the Ith and orked orked	X	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ET	STREET	CITY OR TOWN	COUNTY STATE
. 00 4 9 0 E			tol) attended the deceased from	1981	10 3/8	19 8 3, that (I) (WE) lost
OR OR ITEN		saw the deceased alive on.	3/7 1983	ond that in (my) (e vr) apinion	death accurred on the date an	d hour and from the causes stated
OR AT e hosp DIRECT oched fi Dept		22h SIGNATURE	view the body after death.	DEGREE		22c. DAJE SIGNED
1 = 1 = 0		1hound 7	at some to	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/9/83
HOSPITAL ned by the FUNERAL like Stote ORTANT:	1	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	110 ppolitios		
		THOGAS	F. O' CONNOR	8218 cus	IS CONS IN AU	E BETHESDA, M)
Of		BURIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	23d LOCATION	
BP		CREMATION	3-11-1983 CED,	AR HILL CREA	SUTURED TO	LANGE GEORGES HD.
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	5130	WISC. AVENLY 150 DA	AD A A 1003	GISTRAR'S SIGNALIRE
(VRA 15, 4)	V	SEPH GAWLER	'S JONS WASH	INCTON, D.C. MI	AN 14 1303	James James

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Fleck F.H. Inc. Laurel Md. 20707

STATE OF MARYLAND



(REGISTRAR				CERTIF	ICATE OF DI	EATH	REG.	NO.		
(IM)			FIRST	A	WIDDLE	L	AST		2a. DATE OF DEATH		DAY YEAR	2b. HOUR
7	{TYP[ORPRINT)	D WE	ENDELL S	SMITH				MARCH 2 1	983		7:25 PM
moy er de	3. SE			I. RACE		5. DATE C		2 1 1 - 2	6. AGE (IN YEARS LAST I		IF UNDER 1 YEAR	
ge 4	1	MALE		CAUCAS	LAN	JANU	ARY 27	1912	71	YRS.	MONTHS DAYS	HOURS MIN.
Poge Hours		RTHPLACE (STATE OF FOR	EIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	NEVER M	ADDIED [9. BALTIMORE CITY		Y OF DEATH	
eoth.		IRGINIA		UNITED	STATES	WIDOWE		ORCED	MONTGOME	RY		MD.
within within	10. C	ITY OR TOWN OF DEATH	1	11. NAME OF	HOSPITAL, NURSING		R OTHER INSTI	ITUTION	12a USUAL OCCUPA			OF BUSINESS OR
	В	ETHESDA			VAL HOSPI'				RETIRED	OF WORKING [HINIST
Pour Pour	USU 13a	AL RESIDENCE (IF NURSING	HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d, INSIDE CIT	TV HAAITS?	13e. STREET ADDRESS		9	AGGG
filled 24 h		RGINIA	NORE		PORTSMO			NO 🗌	3 ABBOTT		/	11/1
ote be executed within ote be executed within spers. Poges 1 and 2 shows.	14. F/	ATHER'S NAME		NDDLE	LAST		15. MOTHER'S	MAIDEN NAM	WE		(AS	67
w peed w		KIRBY HOLI			.401				ONES GOODI	NG	10.	
ond co		WAS DECEASED EVER IN		MED FORCES?	16b. SOCIAL SECUI	RITY NO.	17 INFORMAN	VI	ADD	RESS		
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ficate by propers payers in avol.		18 CAUSE OF DEATH	Enter on	y one cause per	line for (a), (b), onc	lic ii		VA 20:	3702		APPROX BETWEEN	ONSET AND DEATH
SI., by		PART I. DEATH WAS		CAUSE (0)	SMALL	CELL	CARCINO	MA OF	THE LUNG			
ding or re	10	1627			R AS A CONSEQUE	NCE OF						
death ce tottendin nove carb introumatic		Conditions, if ony, w		(b)_								
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that d by lease ial, cre		underlying couse	lost.	((c)								
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9 . 0	CERTIFICATION											QUE D
No de la	ICA	19a. DATE OF OPERATIO	N	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	206. IF YE	S, WERE FINDII IFYING CAUSES	NGS USED S OF DEATH?
40 4 10 6	E				E BANGOV		Tar- noncent	U.BY G.C.U.B.	YES NO		ES 🗌	NO 🗆
SICIAN: TI og physici certificate riol-transi entol Hygi frem 18 sh		210. ACCIDENT WAS UNDER		21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	ZIC HOW INJ	IURY OCCURR	RED (ENTER NATURE OF IN	URY IN ITEM 18	PART I OR PART 2)	
IYSICIA ding ph is certifi is certifi buriol-t Mentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED		P.,		19	211. LOCATIO	N				
O PHY or this the bu	MEC	WHILE NOT WHILE		21e. PLACE ((AT HOME, STR	REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITY OR	NWOI	COUNTY	STATE
NDING P I or after the as the coult had as the search and search and search and search as marked	- 11	AT WORK AT WORK				FEBRII	ARY 25	10 83	MARCH	7	10 83	
		220. F certify that (1) (the	nis hospiti	MARCH	e Secessed Home	83		, 19	death occurred on the		. 17	that (I) (we) last
OR ATTEN e hospitol DIRECTOR, oched for us Dept. of Hem 21 is		sow the deceased oboye; (1) (we) (did	Indid ay	view the body	after death.		DEGREE		•			ESIGNED
E 0		W	LA	6			Δ1	TTENDING	MEDICAL ST	AFF	311	21 52
HOSPITAL ned by th FUNERAL uld be deter the Stote ORTANT: F		22d. PHYSICIAN'S NAM	E INTO		TMC		22e ADDRESS		DIRECTOR PHYS		MEDICA	I COMMANI
TO HOSPITAL TO FUNERAL should be det with the Store		RONALD J. S	0		USNR				ITAL REGIO			
TO HOSE TO FUNI Should b with the IMPORTA	220	BURIAL, CREMATION, RE		Tab DATE		IAME OF C	EMETERY OR C		1236, LOCATION	, , ,	HEODA,	11D 20014
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// · · · · ·	24. F	Rurial UNERAL DIRECTOR	V	3/5/8		. 1		Ma RAD			LPAR'S SIGNA	12.61
DHMH - 16 50M 4/B2 (VRA 15, 4)	3	Sun	1	Tay	Portsn	caden	y Avenu virgin	nia WWW	M 3 1000 6		TENT	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Mount Souffort Centery Aspenatton | Wirdels To trail 1227 Academy Virginia

(VRA 15, 4) 1/79

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

REGISTRAR

- STATE

Montgomery County 12b KIND OF BUSINESS OR RESERVENCE OF WORKING LIFE) INDUSTRY Legal & Marketing 41 Orchard Way South Rintoul 578-42-1509 William S. Spector, Rockville, Md. XXXXX APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED March1, 1983 11302 Old Club Rd., Rockville, Md. 20852 Park Hill, Ontario, Canada Park Hill Cemetery Burial 24 FUNERAL DIRECTOR UNERAL DIRECTOR
NAME
1621 Opossumtown Pike
G.Douglas Stauffer, Frederick, Md. 21701

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

2b. HOUR

5:10am

MAR 8 1983 Jang arith

medical examiner must be notified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	-20-1	1000	
	CEASED NAME	FIRST	A	AIDDLE	1	AST	20. DATE OF DEATH		DAY YEAR	26 HOL	JR
(TYP)	E OR PRINT)	LAINE	MORRIS	SPENCER			MARCH 14	983		5:32	рм
3. SE	х	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BI	THDAY)	MONTHS DAYS	IF UNDER	24 HRS
	FEMALE		CAUCAS	IAN	NOVE	MBER 2 1921	61	YRS.		MOURS	MIN.
	IRTHPLACE (STATE OR I	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9. BALTIMORE CITY	R COUN	TY OF DEATH		
WA	SHINGTON, D	.C.	UNITED	STATES	WIDOWE		MONTGOMERY	?			MD
	ITY OR TOWN OF DEA	TH 1	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A VAL HOSPI	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF HOUSEWIFE	OF WORKING	LIFE) 126. KIND (INDUSTRY OWN H		ESS OR
13a.	ALRESIDENCE (IF NURS STATE ARYLAND	13b COUNT	THER INSTITUTION. Y COMERY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI BETHES D	V	13d. INSIDE CITY LIMITS? YES NO K	13e. STREET ADDRESS 7706 NEWMA	RKET		ip 2	0817
4 F/	ANDREW J	OSEPH	MORRIS	LAST			CLEVELAND N				
	WAS DECEASED EVER YES NO OR UNKNOWN) NO	IN U.S. ARM		577-26-1	426	17 INFORMANT HARMON L.SPEN	Bethesda, ICER, 7706 NI	^S Mary WMAR	yland 20 KET DRIV	817 /E,	
	18. CAUSE OF DEAT PART I. DEATH W			line far (o), (b), and		BETHESDA, MD	20817		APPRO) BETWEEN	ONSET AND	RVAL DEATH
NOI	couse (0), stating underlying couse PART 2. OTHER SIGN	last.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION G	GIVEN IN PART I	la	
CERTIFICATION	190. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDS FIFYING CAUSES YES X		
CAL CER	216. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18	8 PART I OR PART 2)		
MEDI	216. INJURY OCCUR	IILE 🗍	21s. PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY		STATE
	220.1 certify that (1) sow the decease obave, (1) (we) (c	ed olive on_	MARCH	14 19 8	MARC 3, o	CH L 1983 nd that in (my) (our) opinion	, toMARCH death occurred on the o		our and fram the		ated
	22 SIGNATURE	es T	88 F	orey	ni	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	15	MAR	83
	JAMES R.			MC, USNR	1	220. ADDRESS NAVAL NATIONAL CAP					
	BURIAL, CREMATION,		23b. DATE	23c. N		con National	23d LOCATION CHYOR TOWN Arlingto	n.	COUNTY VI	rgin	ĭä

DHMH - 16 50M 4/82

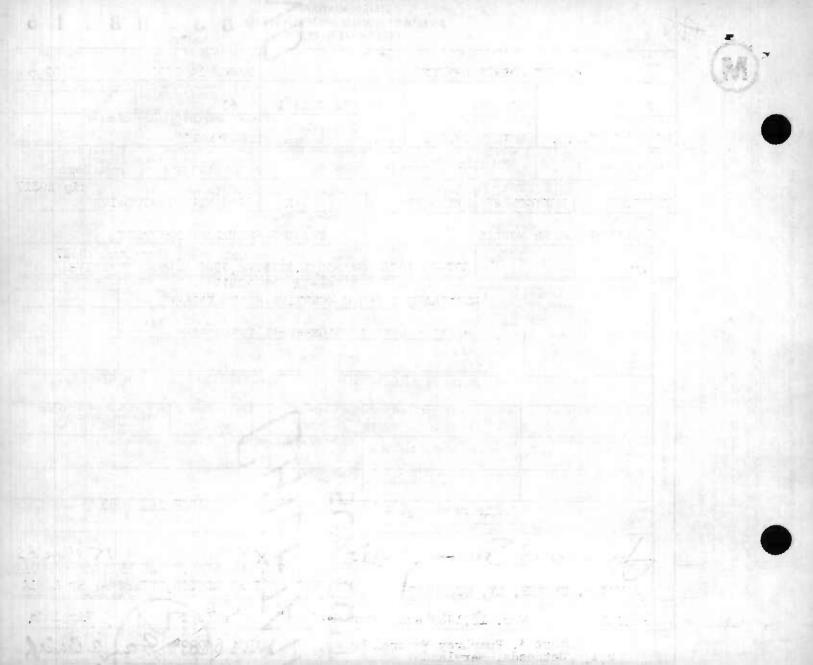
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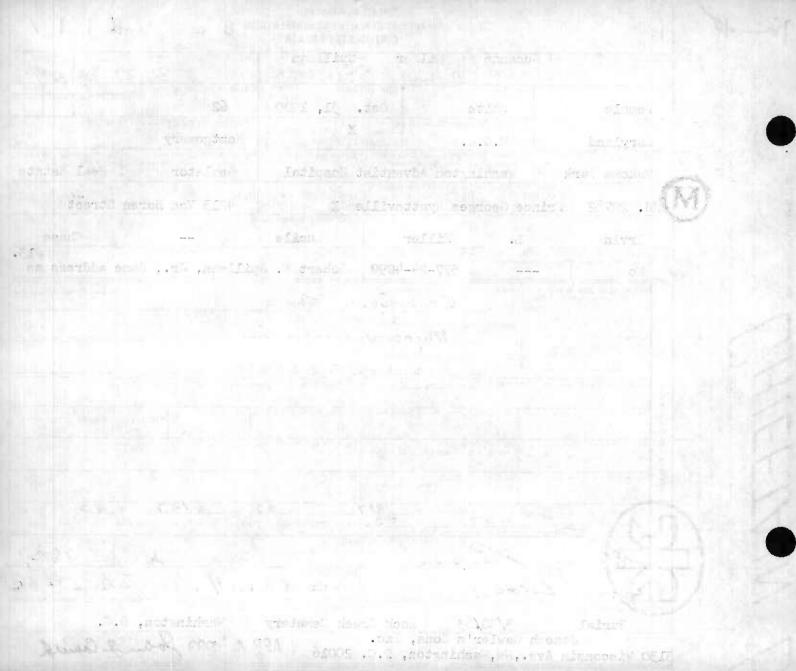
(VRA 15, 4)

MAPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, Bethesda, Maryland

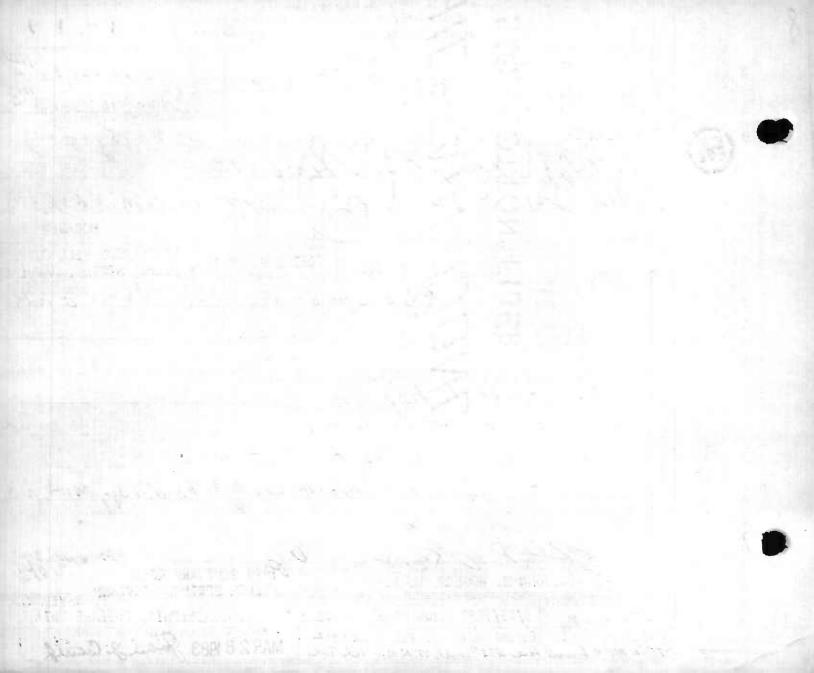
250. DATE REC'D. BY REGISTRAR 256. BY ISTRAR'S SIGNATURE
MAR 1 6 1983





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	STATE OF MARYLAND	
The state of	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8	119
T.	DECEASED NAME FIRST MIDDLE LAST	DAY YEAR DE HIGHE
	(TYPE OR PRINT) BESSIE, OF ESTI-	1/20-10 777
3.	LOSIE POTEL TOUR	DAY YEAR 24 HOUR
1	FEMALE S. DATE OF BIRTH 1902 6. AGE (IN FEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY DAY HOURS MIN. PRONOUNCED DEAD VE	1220 82 8
7	76 BIRTHPLACE (STATE OR 76 CITY OF WHAT COUNTRYS	NTY OF DEATH
	PENNSY LVANIA U. S. A. WIDOWED DE DIVORCED A STATE	somery MD
19	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WOR)	126 KIND OF BUSINESS
N.	S CP2. HOUSEWIFE	OWN HOME
	USUAL RESIDENCE (IF IN NUT MIGGOME OR OTHER INSTITUTION, GIVE AS DENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 137. COUNTY 138. STREET ADDRESS	20910
5	Md. Mont VII P& YESXX NOTI /40/ B/21 V MI	VB1 A0+717
1	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	WATER
2	JUDAH BRESLER CLARA	MORÂNER
14	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17. INFORMANT CLATOF S. C. LATOF S. C.	R HILL DRIVE
	NO 15/8-50-933/ 1-11/12 3: SELECK, STEVER SP	RING. MARYLAN
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PARTIDEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	(DUE TO, OR AS A CONSEQUENCE OF	5 W/8
	Conditions, if ony, which	
	gove rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
5	lying couse lost.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
1	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
4	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 19c EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN 17EM 18 PART I OR	YES NO
		PART 2)
1	CONTRIBUTING DEAUSE OF DEATH P.M. / 2 28 70 87 Fell at how t	
	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET A GITYOR TOWN	OUNTY STATE
6	AT WORK AT WORK /Jame /4013/21/MILLE S.15g	Mort no
2	22a. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . ond in my	pinion
	death resulted from: Notural causes, Accident, Suicide, Hamicide, Undetermined manner,	
	ACTUAL OD TITLE (SPECIFY)	
-	SIGNATURE M.D. MEDICAL EXAMINER SIGN	10 = NOL 29
2	EXAMINED NAME DR. JOHN S. ROGERS, M. D. ADDRESS SILVER SPRING MARYLA	1983
7	(TYPE OR PRINT) ADDRESS STIVER SPRING, MARVIA 230 BURIAL CREMATION, REMOVAL] 236 DATE 230 NAME OF CEMETERY OR CREMATORY [236 LOCATION]	ND PENNSVIVANIA
1	BURIAL 3/25/1983 HAR NEBO CEMETERY PHILADELPHIA, PHI	LADELPHIA
1	THAMERA DIRECTORTETAL LEDDELL MEMODIAL TULEDAL - 120 DATE REC'D. BY REGISTRAR DA REGISTRAR'S	SIGNATURE
K	STEIN MEM. Funeal the 233 Caroll ST. N. W. Wooh. D.C. MAR 2 8 1983 John &	Conicia



					STATI	OF MARYLAND				Mary Mary
	1.	FOR STATE REGISTRAR		DEPARTA	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		}	20
		CEASED NAME FIRST		WIDDLE		T T 7 A T 2	20. DATE OF DEATH			26 HOUR
1	3 SE	JULIA	4 RACE	C.	S.P. DATE C	IVAK	March 27		UNDER I YEAR	9:43p M
)		Female	Whi			. 27, 1912	70	YRS.	NIHS DAYS	HOURS MIN.
47	70 B	Wash., DC	76 CITIZEN OF	MHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED D	9 BALTIMORE CITY O	gomer		MD.
0	10. C	evy Chase		HOSPITAL, NURSIN HFACILITY, GIVE STREET North		Avenue	Owner (1	ION DE WORKING LIFE) Retire	126 KIND C INDUSTRY d) M:	of Business or illinery
35	13a. 5 Ma:			GIVE RESIDENCE BEFORE	N I		13e. STREET ADDRESS 4620 No	rth Pa	ark Á	20813 Ivenue
156	14. FA	Solomon	David	Coher	1	15. MOTHER'S MAIDEN NAM Yetta	WE		Gor	r don
		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		vy Ch		
		YES, NO OR UNKNOWN) (IF YES, GIV		579-07-	-4963	Joseph H.	Spivak; 4	620 N		
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	BETWEEN 30 n	ONSET AND DEATH						
	-	4100		R AS A CONSEQUE	NCE OF	dial infarc	Vila Idi	7,-11		
		Conditions, if any, which gave rise to immediate couse (a), stating the	(b)	CC	orona	ry arterios	clerosis		Year	<u>s</u>
٠,		underlying couse lost.								
	20	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	01
2	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, NIN CERTIFYII	WERE FINDI	NGS USED S OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	4111	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	OF INJURY SEET, FACTORY OFFICE, F.	ARM ETC)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
b		20a.1 certify that (1) (this haspital) attended the deceased from								
		obove, (I) (we) (did) (did no	the body	ofter death.		DEGREE ATTENDING	MEDICAL STA	FF TANI		SIGNED
1		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS	J DIRECTOR C FITTSR	-1817	13-20	<u> </u>
		OSCAR M				3301 New M		enue N	.W.	
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	41.00	-1983 B'	nai		Oxon I			
32		uneral director Inzansky-Goldbei	g Chape	Rock ls; 1170	Rockv	ville Pike AF	R 4 1983	256 REGISTRA	R'S SIGNA	TURE.

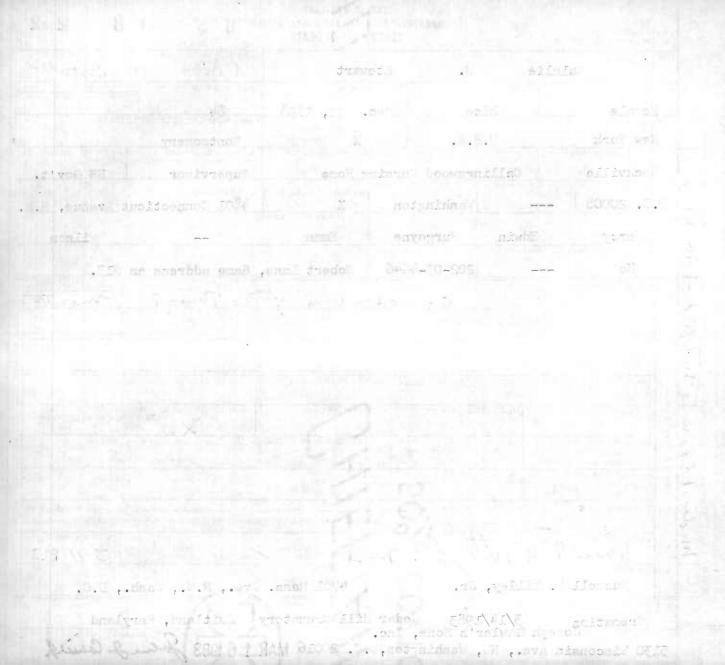
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BP.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) EdiVARD 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 1916 White April To. BIRTHPLACE I STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery Washington .DC USA DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRWatkins-(TYPE OF WORK FOR MOST OF WORKING LIFE) Rockville MOUENTIST SHADY GROVE Security Guard Johnson Corp. USUAL RESIDENCE (IF NUR GOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STAJE
1 COUNTY
1 COUNTY
1 STYLEN
1 STYLEN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 602 Hollywood Avenue 20904 YES A NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Unobtainable Unohtainable ADDRES 13425 Old Columbia Pk 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Willard H. Marlow-friend-Silver Spring, Md. 215-38-7751 18. CAUSE OF DEATH (Enter only one couse per line for o), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A ONSEQUENCE OF Arterioselerolie heart disense Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIA CERTIFICATION 9a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ntol Hygie 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 216, INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE AT WORK 22a.1 certify that (1) (this haspital extended the deceased from _ -ebruary 19 10 83 sow the deceased alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after de DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e. ADDRESS should be with the S 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 3/30/83 Maryland Veterans Cemetery Cheltenham, Maryland DATE BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

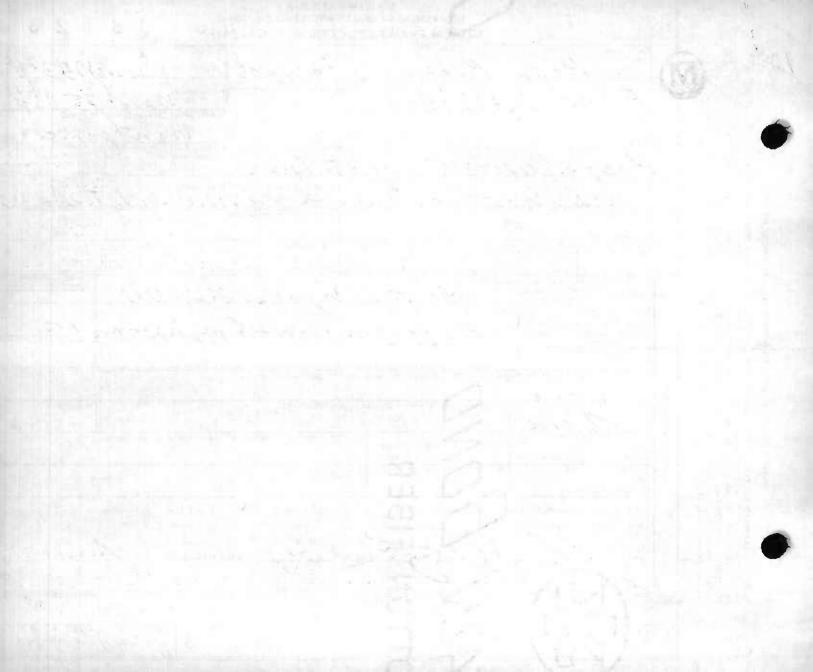
1 March 25, 1835 18 A The second to th Tolling Town to mark-rowing of wolling ferral as in the fronte cardiar arreit V2 hr Arterios lente hout diane SHOW C Daveter mellitur February A 8 Sept. 12 78 Feb. 19 85 Bount a. Water, was x Level A J- MA Total Clevelo Rdy Shin Spring Mil zora



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR DECEASED NAME KNOWN D MONTH DEATH MATED DATE To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Missouri United States WIDOWED THE DIVORCED Site Manager 208 13a. STATE 13c. CITY OR TOWN 13e. STREET ADDRES 14. FATHER'S NAME MIDDLE FIRST Williams Ridgway Minnie William 43 Cedar Avenue Gaithersburg, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Daughter **Z**OISINIO (IF YES, GIVE WAR OR DATES) Judith L. Hagar 07 6869 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH ED AS A BURIAL-TRANSIT PERMII HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if lony, which gove rise to immediate cause (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY (AT HOME. 21L LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN STATE COUNTY AT WORK NOT WHILE AT WORK EXECUTE THE CERTIFICALE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STARTIMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) John S. 1919 Seminary Road Silver Spring, AR R'S NAME day BURIAL, CREMATION, REMOVAL 236. DATE March Rockville, Maryland STATE Parklawn Memorial 28,1983 BP **DHMH - 17** (VR A15 ME (5))

20M 4/82

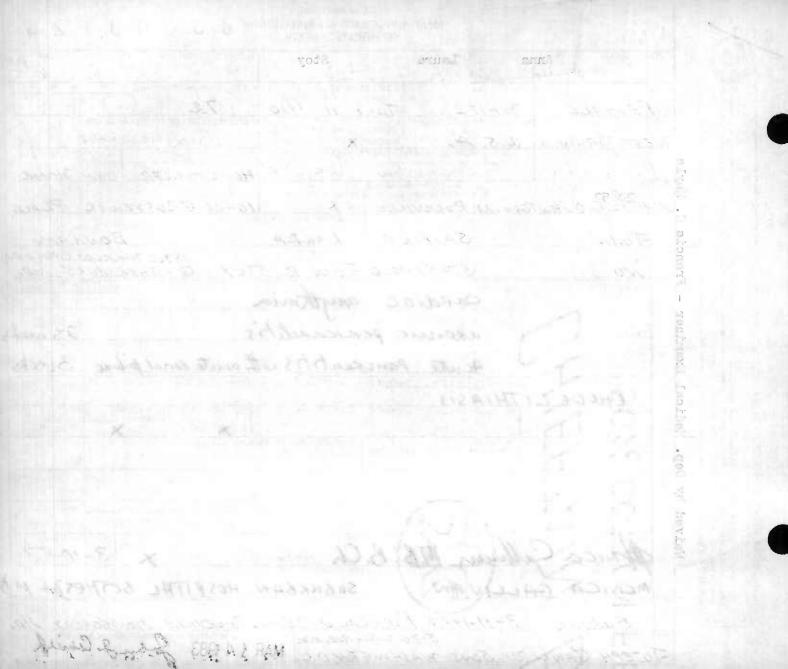
STATE OF MARYLAND



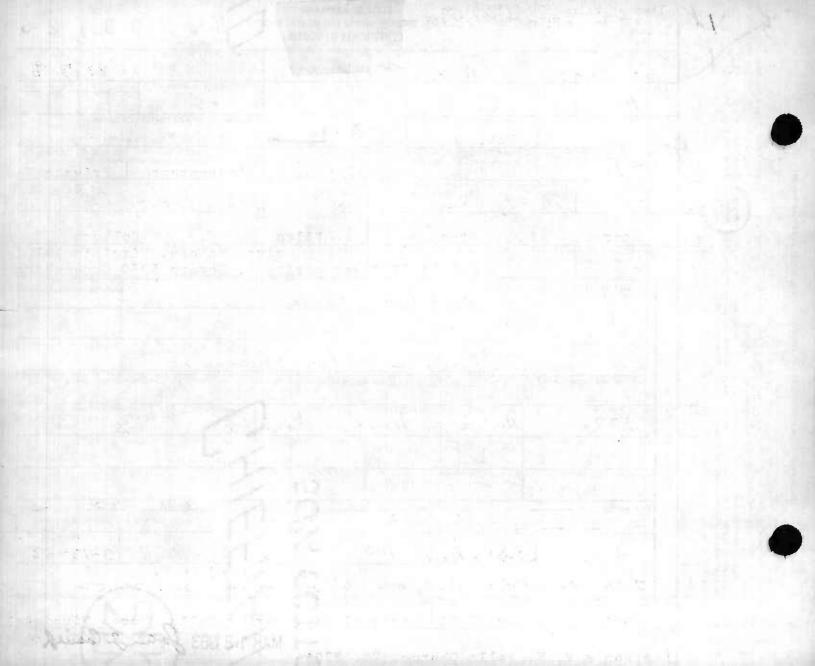
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njury	NO							
ony ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
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DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or attending physicion. After this certificate has been sign or os the buriol-transit permit. Then olth and Mental Hygiene prior to b marked or Item 18 shaws any injury	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM. ETC) STREET	CITY ON TOWN	COONIT
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or o		spw the deceased plive on	3-11 10	3, and that in (my) (our) opinion	death accurred on the date and hour	and from the causes stated
OR ATTEN The haspital DiRECTOR Toched for u Dept. of He		This some Types (did) faid no	t) view the body after death.	DEGREE		22t. DATE SIGNED
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	230	SPECIFY)			CITY OR TOWN	COUNTY STATE
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FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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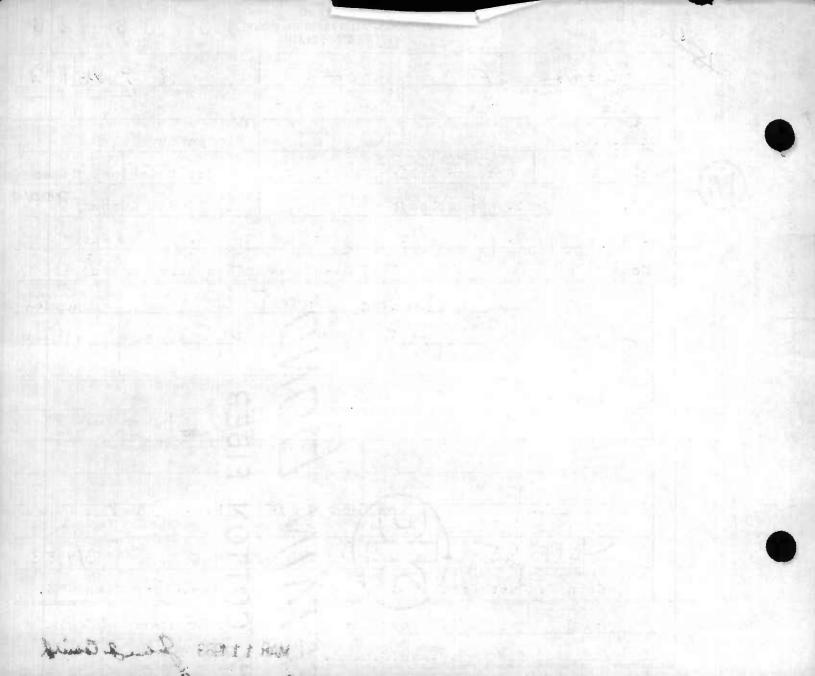
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR FIRST DECEASED NAME 20. DATE KNOWN K MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 3-5-83 SWINGL MINDY 19 5 DATE OF BIRTH 4. RACE 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR SEX DATE PRONOUNCED Female White Aug. 27, 1982 DEAD 3-5-83 9:050 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FUNERAL 5 FOR Y MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Maryland WIDOWED [DIVORCED Montgomery County ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Roanoke Avenue FOR MOST OF WORKING LIFE) OR INDUSTRY Takoma Pk. N/A XAMINER ALONG WITH FORM PM 3. RETAIN P. AL. TREASIN P. AL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BEI MENTAL HYGIENE, DIVISION OF VITAL RECORDS., N. OR REMOVAL. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Zip Code - 20912 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 30. STATE 13c. CITY OR TOWN DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 Montgomery 8302 Roanoke Ave. Maryland Takoma Park YES DO NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Swingle Kevin Cindy Scott 7 INFORMANT Address Same as 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS IYES NO OR UNKNOWNI No# 13e. Mr. Kevin Swingle None APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 4 H CERTIFICATION FICATE, WRITE E FORWARDED TO THE C. TORE AS STORE PAGE 3 SHOULD BE USED AS TORE PAGE 3 SHOULD BE USED AS TORE STATE DEPARTMENT OF HEA 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY TATHOME. EXECUTE THE CERVIEW OF PAGE 4 SHOULD BE FORWARDED PAGE 4 SHOULD BE FOREST 3 SHOULD BE FOREST 3 SHOULD BE FOREST 3 SHOULD BE FOREST ARE DEFENDED BY THE STATE DEFENDED BE FOREST AND STATE DEFENDED BY THE STATE DEFENDED BY STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I taok charge of the remains described above, held an Inspection and in my opinian Hamicide Undetermined manner death resulted from Notural couses Suicide TITLE (SPECIFY) ACTUAL 3-5-83 SIGNATURE EXAMINER'S NAME 111 Penn Street MargaritaA. Korell. M.D. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY March8.1983 George Washington Cem. Maryland Burial Hyattsville P.G. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** F. Gasch's Sons F.H. P.A. Hyattsville, Maryland MAR (VR A15 ME (5))

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	FOR	DEPARTMENT OF HEALTH AND MENTAL H	VOIENE O O 1 TZ O
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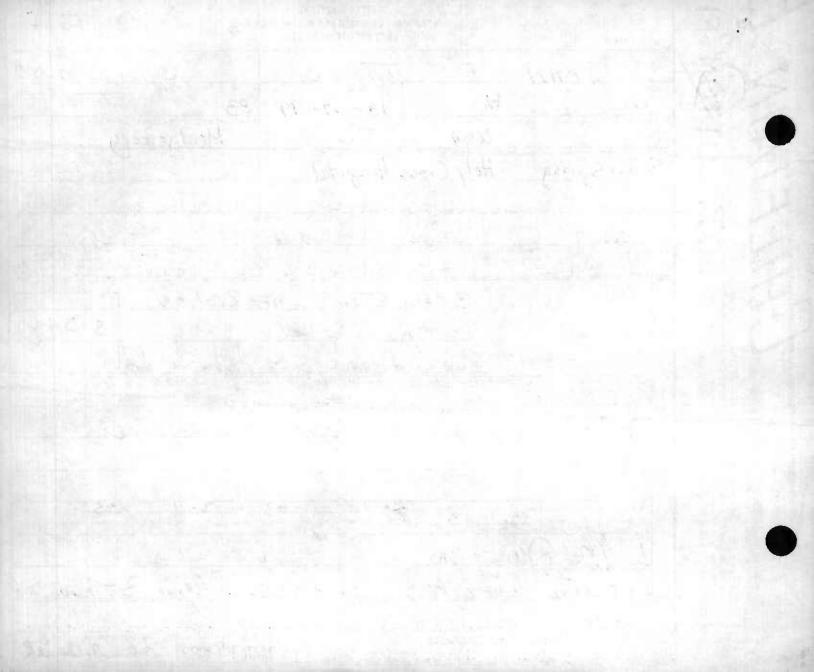
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٥	rel or o OR. Afte Or use os f Heolth		220.1 certify that (1) (this hosp	19 yard	1.	ion death occurred on the date and has	19, that (I) (we) lost
•	the hospit L DIRECTO tached to E Dept. of H hem 21		22b. SIGNATURE	ot) view the body after death.	Cho DEGREE ATTENDING	G MEDICAL STAFF	22c. DATE SIGNED
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6	(1)	(TYP)	CEASED NAME FIRST	/	MIDDLE	Th	omas	2a DATE O	BEATH MONTH	2 - 83	26. HOUR /2-25 A
	CAN	3 SE	Male RTHPLACE ISTATE OR FOREIGN	RACE Wh	ite	5. DATE C	- 27- 99	83	(EARS LAST BIRTHDAY)	IF UNDER I YEAR	HOURS MIN
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2	13a. S M	aryland	113b COUN		13c. CITY	or town thersbu		13d. INSIDE CITY LIMITS? YES NO \$\frac{1}{2}	0	et address 186	07 San	dpiper I	ane
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9	CERT	210 EXTERNAL		216. TIME OF HOUR A.M		DAY YEAR	21c. HC	OW INJURY OCCUR	RED LENTER NA	ATURE OF INJURY IN IT	EM 18 PART I OR	PART 2)	
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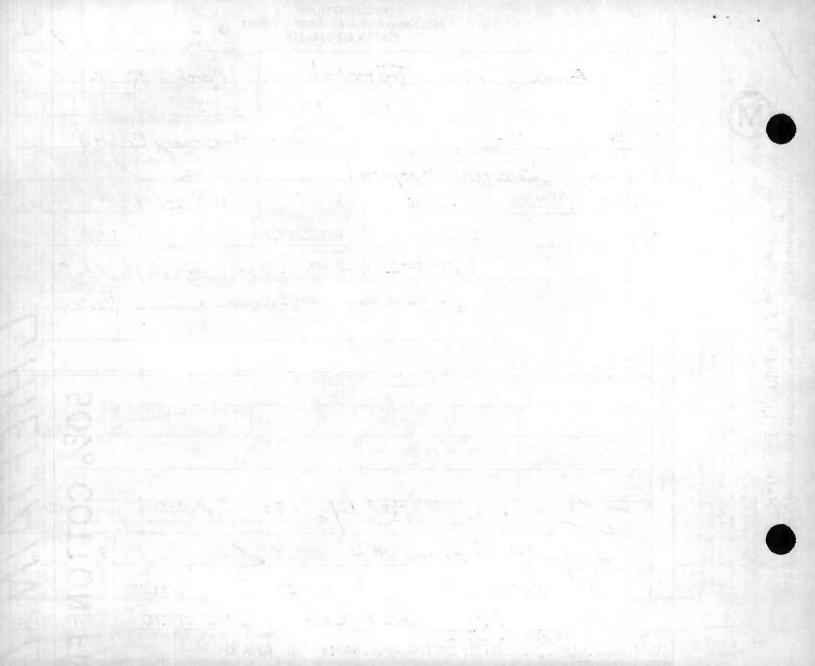
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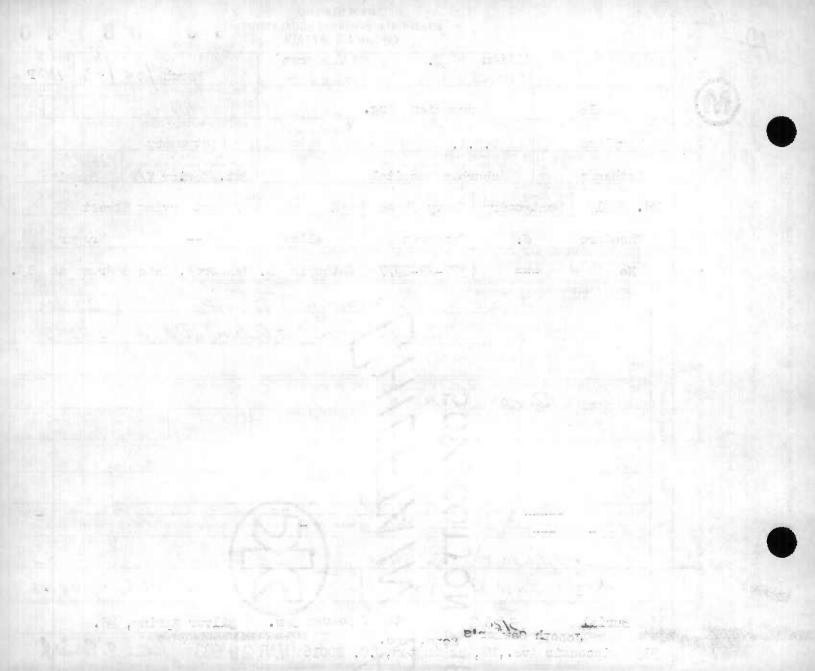
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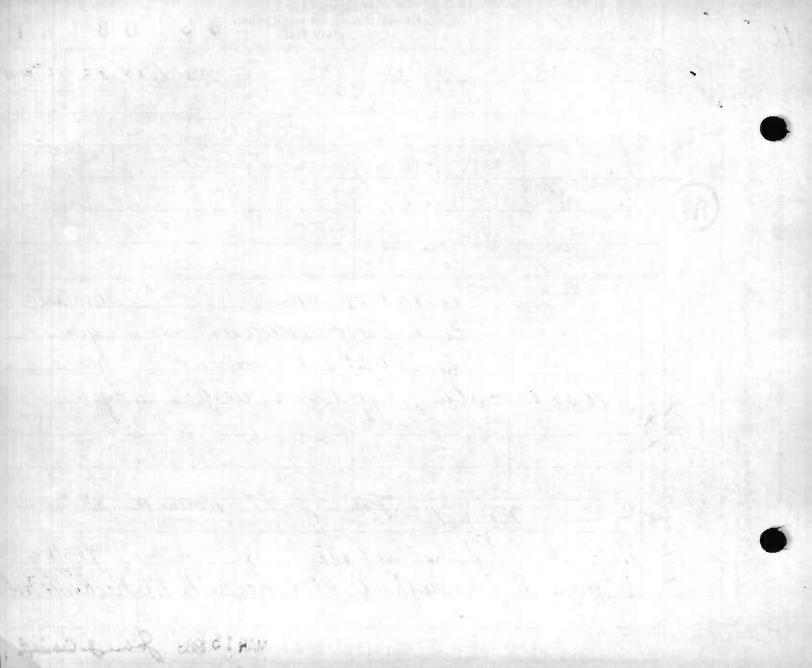
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SCAUSE OF DEATH ENERGY OF COURSE DATE STATE STAT	5 0-	16a V				-		ADDRE	SS	Mager	-
BECAUSE OF DEATH lenter only one course per line for (a), (b) and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0 PART 2. OTHER	0.0	((IF YES G	IVE WAR OR CIATES)	577-22-2	977	Katherine B.	Vandoren.	Same add	iress as	#7 2
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	- W - W > 5		STEPHE	ENW. B			11/100	KANE, BET	THESD	AMD.Z	581
24 FUNERAL DIRECTOR JOSE LET GAWLET CONS. The		23a. E	STEPHE	ENW. B	234/1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION COLLYOR TOWN	THESD	AMDZ	58/
OHMH-16 50M 4/82 (VRA 15, 4) 124 FUNERAL DIRECTOR JOSE PH GAWLET Sons, Inc. 5130 Wisconsin Ave., NW, Washington, D.C. 20016 MAR 29 1983	ВР		STEPHE	EN W. B L 23b. DATE 3/28/	83 G	vame of c	EMETERY OR CREMATORY Heaven Cem.	silver s		AMDZ	58/





./-	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		REG, NO.	081	42
oge 3		CEASED NAME FIRST Kat	herine Alic	e VanLe	UVEN 3	OF DEATH MONTH	-83	3 9 M
moy free d	3. SE	×	4. RACE	5. DATE OF BIRTH	6. AGE	N YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
oge 4		Temale	White	Oct. 23	1940 4		s.	
one.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR	RRIED 9. BALTIA	ORE CITY OR COU	NTY OF DEATH	
deot hin 7		ennsylvania	U.S.A.			gomery		MD.
the day	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET			L OCCUPATION ORK FOR MOST OF WORKIN	12b, KIND OL IG LIFE) INDUSTRY	Chools
o sur phi		koma Park	Washington	Adventist	Tea	acher	Mont.	
24 ho	130.	STATE 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV		LIMITS? 13e. STREE	TADDRESS	2	0853
2 / 1 / 1 / 2		ryland Mont	gomery Rockvi	44 4	○□ 464	Cherry	Valley	Drive
3 (141)6	14. 15.	FIRST	MIDDLE	15. MOTHER'S M.	Т	WIDDLE	LAST	
P	140.3	William WAS DECEASED EVER IN U.S. AF	A. Gumppe		atharine	Mary	LaRos	
ond one		YES. NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			46	45 Cherr	y Valle
e pe		No -	220-38-		m S. Vanl	LeuvenDr		
icote hysik papa aval ms. s		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), or ED BY:	To le tra			ATTA-	MATE INTERVAL
Bon Bon Branch		IMMEDIA	TE CAUSE (a) Hepolic	Tactare			300	reeks
oth o		1197	DUE TO, GRAS A CONSEQU	ENCE OF POSET	CARCER		1.	
e de de nativo marino producione de de		Conditions, if any, which gove rise to immediate	(b) VVIE DOSTA	or Dieceso	CHARLE		19	pas
or the contract of the contrac		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF			15.2	
a the state of the	100	DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELLTED TO	THE TERMINAL DISC	ASS OD CONDITION	COENTRIBLE	
sign hen to b	Z	TART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BOT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART 110	
w re been mit. I vrior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORM	ED 200 AU		YES, WERE FINDIN	
hos per lo	E				YES	and the same of th	RTIFYING CAUSES	OF DEATH?
N: The cate h cate h ransit Hygie	W. W.	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJUR	RY OCCURRED (ENTER			
CIAP Physical Physical Physica		OR CONTRIBUTING CAUSE OF DE		AY YEAR				
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Or A Aft		7	nital) attended the deceased fram_	IS NOV	19 9 2 . 10	6 MARCO	1 1982	that (D (we) lost
TEN Ditol TOR Or of TOR		sow the decreased olive of	& MARCET 196	and that in my You	r) opinion deoth occu	rred an the date and	hour and from the c	couses stated
R Al hosp hosp hed the pt.	1.5	17h Sycal URE	view the body after death.	DEGREE			22c. DATE S	SIGNED
the the District of the Distri		Theun (1	Money es		NDING MEDICA	STAFF OR PHYSICIAN	744	40 87
PITT PER		124 PHYSICIAN'S NAME CHINA	NITENTE	22e ADDRESS	SICIAIN Z DIRECTO	A FITTSICIAN	t act,	1005
O HOSPIT O HOSPIT TO FUNER should be a with the Str		THUMBE AL	BUSINEBD WAS	76 26 Nous	HACUR LUSO	Aux LAN	ales Post	HO.
A OT Should with Man	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CRE	MATORY 23d LO	CATION	y liven	10202
BP		Specify) Burial		rbeck Memor		ITY OR TOWN	COUNTY	STAIL
		JNERAL DIRECTOR	1 / 1 Females		250. DATE REC'D. B	Norbeck RECKBAR 251	SUFFRAR'S SAN	Aud C
DHMH - 16 50M 4/82	TAT -	PAME F Dumm	hrow Inc	Box 7428	J MAR 11	1983	mo	

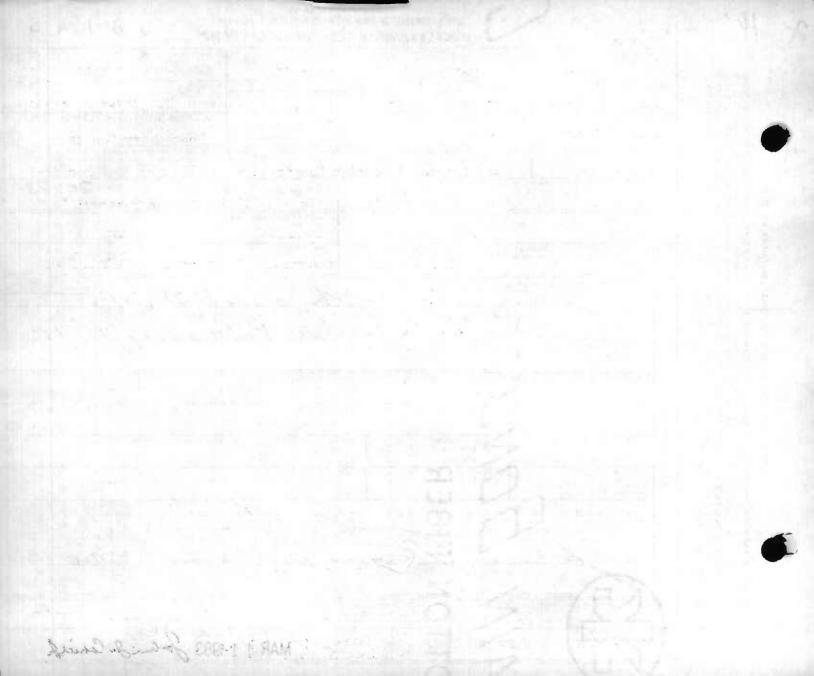
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2	10	FOR STATE REGISTRAR				DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 8 4 5												
		I. DECEASED NAME FIRST (TYPE OR PRINT)			WIDOLE				OF				KNOWN ESTI-	0		DAY YEAR	26 HOJ78	
	SEE SEE SEE	100		Osby		ldon			Wagst				MATED	MON		8319	12:24	
19250	20228	3 SEX		4 RACE	5. DATE OF BIRTH	YE AR	6. AGE (IN YE LAST BIRTHD	ARS IF UN		IF UNDER	24 HRS.	2c. DATE	NCED	HOM	TH	YEAR	2d HOUR	
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	S S S S S S S S S S S S S S S S S S S	North Carolina			U.S.A. MARRIE XXNEVER MARRIED P. BALTIMORE CITY OR COMMITTED MONTGOMERY								Cou	County MD				
	AA GE		TY OR TOWN	/	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washingaton Adventist Hospital Fed. Officer											KIND OF B OR INDUS hospi	TRY	
	DE SE	USUAL RESIDENCE (14 IN NURSING										207						
	AANY AANY	13a. S1 M	aryland	THU GOUNT	P G		or town attvi]			NO [e Hva		ville		
	B PARIS		THER'S NAME		WIDOLE				15. MOTH	ER'S MAIDE			MIDOLE			LAST		
	W KEN EST	1	Jack		Wa	gstaf	f		Cor	nelia			MIDULE	Per	cry	LAST		
	YECUTED WITHIN 24 HOURS AFTER DEA WIG: 10 PENCIL IN 174 HOURS AFTER DEA WIG: 10 PENCIL IN 175 HOURS WITH FORM P BURALI - TRANSIT PERMIT. PAGES PAN AND MENTAL HYGIENE, DIVISION OF TRANSION, OR REMOVAL.	160. W	S, NO. OR UNKNO	D EVER IN U.S. ARA		16b. SOCIAL SECURITY NO. 245-14-8028			17. INFORMANT Constance A.			. Wagstaff-64			Hyattsville, Md			
	S AF S AF S AF S AF S AF		yes			1		.0	COIIS	tarice	A.	Mays	tall-	-0400	, oc			
			18 CAUSE O PART I DE	F DEATH (Enter onleath WAS CAUSED	y ane cause per line BY:	far (a), (b),	, and (c).)		11			11	11	17:		BETWEEN ONS	SET AND DEATH	
	ON ITEN ITEN PER GIEN VAL	151	49	6 DIMMEDIAT		AS A CON	SEQUENCE	OF.	vy	70 C	LYV	21		14	/~			
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	W. WITE WINE MINE NITAL OR R			se to immediate stating the under-	(b) DUE TO, OR	AS A CON	SEQUENCE	OF.	שוחי		4/	70 8	no	1	11-1	7		
	DIED IN PI		lying cause last.															
	ECORDS, 2011 BE EXECUTED ENDINGS, IN PR MEDICAL EXA AS A BURIAL ALTH AND MEI CREMATION, (PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a).															
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	ALRI SEP A SEP A F HE,	CAT	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?												20 AUTOPS	43		
	NIT OR OF SHOOT SHOT SH	CERTIFICATION		108	ne		317 11									YES 🗌	NOT	
	TO THE WENT TO THE WASH		UNDERLYING				DAY YEA		OW INJURY	OCCURRE	ED (ENTER)	NATURE OF IN	DURY IN ITEM	18 PART 1	OR PART 2)			
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		MEC	WHILE	NOT WHILE C		ORY, FARM, ET			TREET			CITY OR TO	NWN		COUNTY	1	STATE	
					e af the remains desi	aniba da ba	o bald as	Autaps		Inspectio	. XI.	Inquiry		and in n		7		
	TO MEDICAL EXAMINER: TEXTIFICATE, PAGE SHOULD BE FORW TO FUNERAL DIRECTOR; PAGE SHOULD BE SHOWN THE SHOULD BE SHOULD		death result		al causes	Accident	ve, neid an	Autops		cide .		ermined m		7.	iy upinii	111		
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	#3#2#2		EXAMPLES NAME [DIF OR PRINT] ADDRESS															
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CEKIII	ICATE OF DEATH	REG.	NO			
DECEASED NAME	FIRST		MIDDLE	0.14	AST	20. DATE OF DEATH		H DAY	YEAR	26 HOUR
TYPE OR PRINT)	BERNAR	D	J.		WALSH	MARCH	5.	198	3	1:30 AN
SEX		4 RACE		5. DATE		6. AGE (IN YEARS LAST			UNDER 1 YEAR	IF UNDER 24 HRS
MALE		WHITE			RUARY 3, 1910	73		YR5	NIHS DAYS	HOURS MIN.
COUNTRY	ATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR CO	UNTYO	FDEATH	1.17.65
NEW JERS	SEY	U.S.	Α.	WIDOWE		MONT	GOME	RY		M
CITY OR TOWN	F DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPA				F BUSINESS OF
CHEVY CH		6204	KENNEDY		E	PHYSICI.		(ING LIFE)	SELI	F EMPLOY
SUAL RESIDENCE (IG. STATE MARYLAND		OTHER INSTITUTION	CHEVY CI	HASE	13d. INSIDE CITY LIMITS?	13. STREET ADDRES 6204 KE	NNED	Y DR	IVE 2	20015
FATHER'S NAME					15 MOTHER'S MAIDEN NA		100			
DANIEL	Bl	ERNARD	WALSI	H	HELEN	MIDDLE			McCAF	YHT
WAS DECEASED			166 SOCIAL SECU		17. INFORMANT	ADQ	3°561/	KEN	NEDY I	DRIVE
NO OR UNKNOV	(IF YES, GIV	E WAR OR DATES)	215-46-4	4138	AGNES D. WAI					ID. 2001
TIR CAUSE OF	DEATH Enter on	ly one couse ner	line for (a), (b), an	dic			71113 V .	1 011		MATE INTERVAL
PART I. DE	ATH WAS CAUSE	D BY:	1)		maloris				BETWEEN	UNSET AND DEATH
1100	IMMEDIAI	E CAUSE (a)			manuel		100			
103	7	DUE TO, O	R AS A CONSEQUE	NCE OF	1 20 00				11.	
Conditions, it		(b)_	CAUS	car	of the color	22		_	1 7 m	res +
cause (a), underlying	stating the	DUE TO, O	R AS A CONSEQUE	NCE OF	0					
		((c)								
	RSIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION	N GIVEN	IN PART I	0'
190 DATE OF C	200.710.1	1.00								
190 DATE OF C	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			VERE FINDING CAUSES	OF DEATH?
						YES NO		YES [NO 🗌
OR CONTRIBUTION	G CAUSE OF DEA	216. TIME C		YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITE	M 18 PART	I OR PART 2)	
(IF EITHER NOTIL	FY MEDICAL EXAMINER	III.	M.	19	EMELTING -					
(IF EITHER NOTIL		21e. PLACE	OF INJURY		21f LOCATION				COUNTY	
WHILE AT WORK	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR	IOWN		COUNIT	STATE
22a.l certify th		(al) ottended th	e deceased fram_		NOV 19 82	10 6 man	63	19	83	that (1) (we) las
saw the d	eceased alive on	4 ma	19.8	3 , 01	nd that in (my) (our) opinion o	deoth occurred on the	date an			
22b. SIGNATUR	wei (did)+did na RE) view the body	after death.		DEGREE				22c DATE	SIGNED
	16 hour	177	100 1	5	ATTENDING	MEDICAL ST	AFF	7	1000	
22d. PHYSICIAN	N'S NAME ITYPE O	R PRINT)	ecce,	7	PHYSICIAN 22e ADDRESS	DIRECTOR PHY	SICIAN L		1 - 14	ai 83
	BERT T.K		1. D.		8218 WISCO	NSON AVE.	BEI	HESI	DA, MD	
BURIAL, CREMA				JAME OF C	EMETERY OR CREMATORY	123d. LOCATION				
(SPECIFY) BUR	EAL	3/8/			ABRIELS	POTOM	AC.	MO	RYMCOM	ERY STMD

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING

MPORTANT: If Item 21 is morked

etained by the haspital average TO FUNERAL DIRECTOR: All should be detached for use a with the State Dept. of Health

24 FUNERAL DIRECTOR RICHARD RAPP, INC. DORESS
1120 CONN. AVE., N.W. # 940, WASH D.C. 20036.

MAR 9 BY REGISTRAR BY REGISTRAR'S SIGNATURE OF THE STATE OF THE STATE

Market Committee MAR 9 1983 File & Coming

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊 - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20. DATE OF DEATH MONTH 26 HOUR I. DECEASED NAME FIRST LITYPE OR PRINT) George Warner, Jr. 83 8:50Rm AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 1 SEX MONTH DAY YEAR HOURS Male White 15 01 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY Montgomery U.S.A. Conn. WIDOWED DIVORCED [IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY LAW Bethesda Lawyer Suburban Hospital USUAL RESPOSS 4 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE MA. COUNTY
Montgomery
Md. Betnesda 0811 7608 Exeter Rd. 13d INSIDE CITY LIMITS? YES K NO 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Maud Kelley Warner George ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Bettie W. Thompson 7600 Exeter Rd.Beth. Md. Yes 578-52-6548 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) pertensive Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 7 NO [YES [718. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 1982 March 22a.1 certify the (1) remains a oftended the deceased from. saw the deceased alive on above (I) (we) (did (did non view the body ofter death. and that in (my (our) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN FUNERAL I 274 PHYSICIAN'S NAME TYPE OR PRINT 77e ADDRESS IMPORT, 4701 Willard Hue Chery Chase shoul with 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL 236. DATE Suitland. Md. Cedar Hill Crematory CRemation 24 FUNERAL DIRECTOR JOSEPH GAWLER'S Sons, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 "5130 Wisc. Ave. N.W. Wash D.C. 20016 (VRA 15, 4)

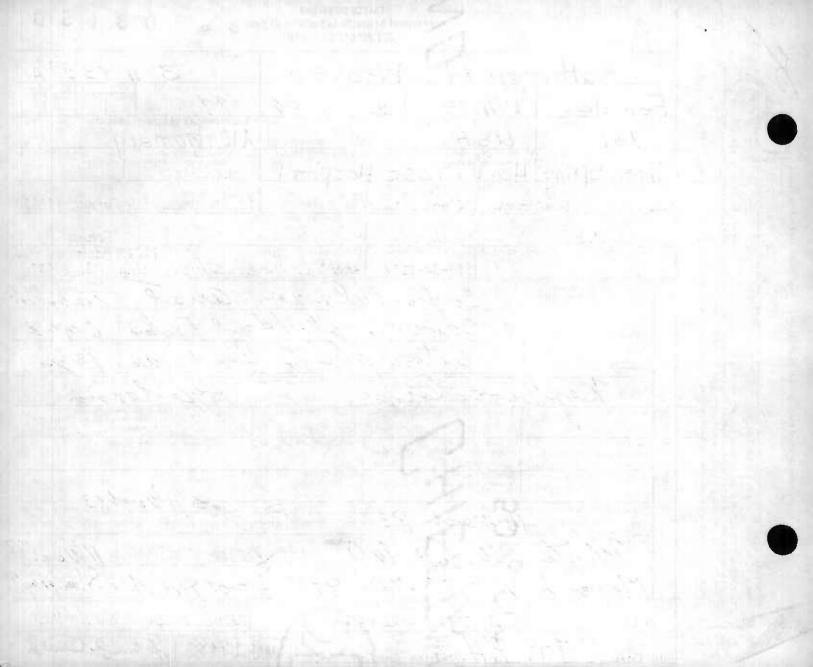
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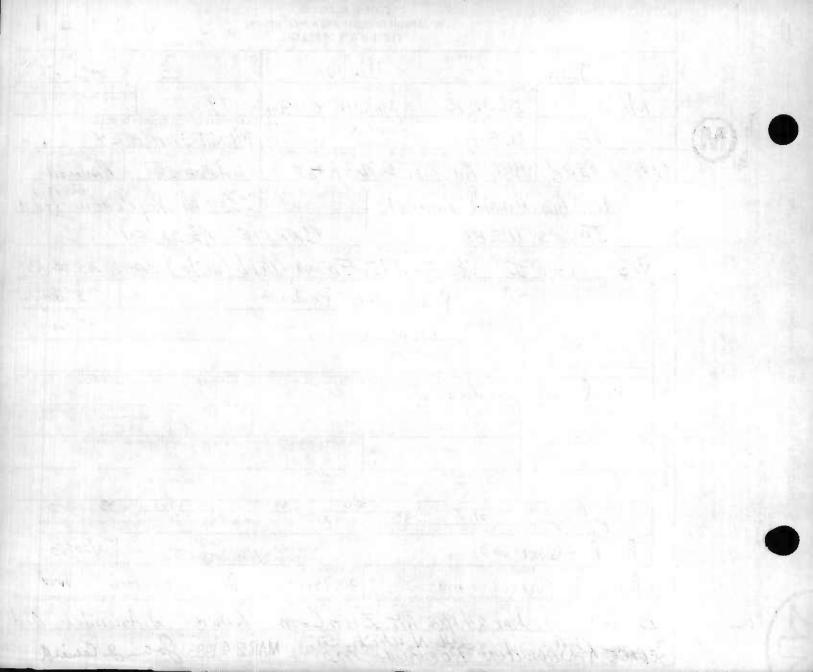
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duires quires signe Then p to bur njury,	Z O	PART 2. OTHER SIGNIFICANT O	ENDITIONS CONTRIBUTION	GAO DEATH BUT	NOT RELATED TO T	HE TERMINAL DI	ISEASE OR CONDITION G	EN IN PART IIO	
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sho sho	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREM		LOCATION	COLLEGE	1 1015
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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/		REGISTRAR			CERTIFI	CATE OF DEATH	R	EG. NO.			
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				The Land		eeder		20		10	(A) M
	3 SE	x Female	4. RACE Whit	е	5. DATE O	F BIRTH DAY 8 1898	6. AGE (IN YEARS)			YEAR IF UNDER	MIN.
15		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIED D	9 BALTIMORE C	ity <u>or co</u>		Н	MD
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5	13a S		me or other institution outgomery	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Silver S	N 1	13d. INSIDE CITY LIMITS? YES X NO [130. STREET ADD 3398 (agles Dr	ive 20	906
50	14. FA	THER'S NAME FIRST Frank	MIDDLE	Martin		Belle	MI	DDLE	Lopp	LAST	
		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES?	190-09-5	10000 / 10 C C C	Gilbert L. W	Arlingto eeder 625	n Vir 9 Lee	ginia 22 Highwa	205 y	
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		220 I certify that (I) (this	Narh	19	57, on	d the i (my) (our) opinion	death accurred on	the date on	d hour and from	the couses st	e) last ated
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(VRA 15, 4)

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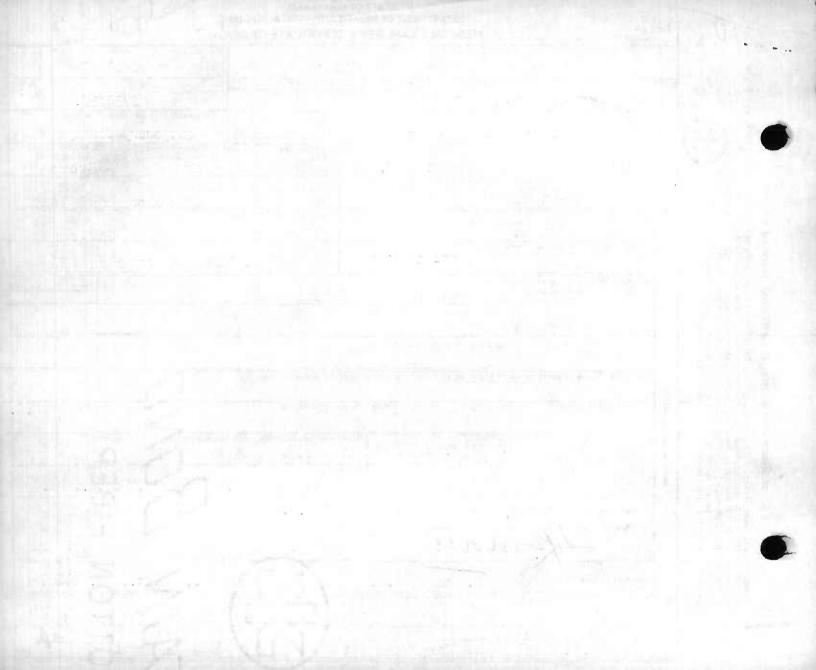
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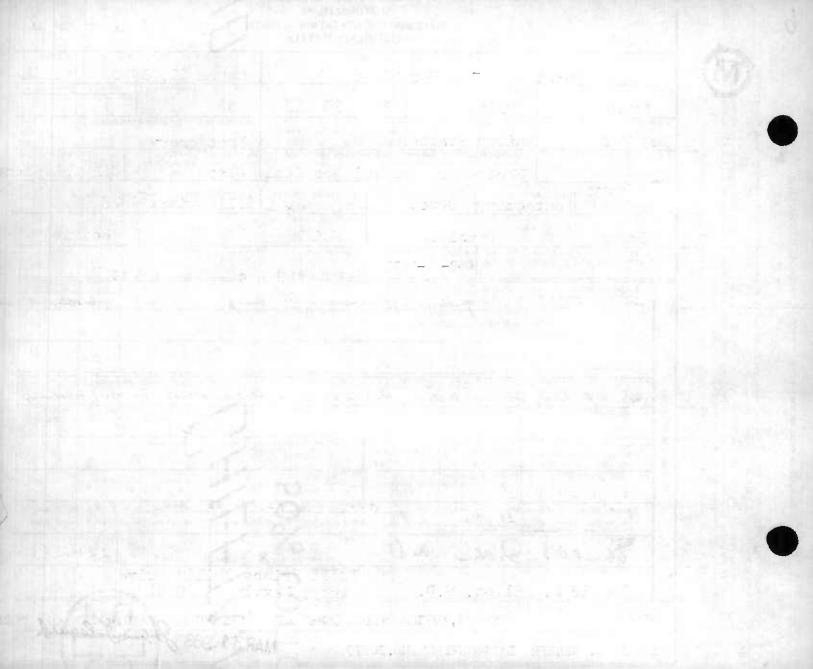
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS ETHEL WETSS 1983 4 RACE 5 DATE OF BIRTH FEMALE WHITE 22 1903 April 70. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Austria WIDOWEDXX DIVORCED | Montgomery 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Merchant Silver Spring Holy Cross Hospita Gracery 13a. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Georges Adelphi YES X 2503 Bucklodge Terrace NO 15. MOTHER'S MAIDEN NAME Abraham Scheinholz Handis Sulvia 2503 Buck Lodge Terrace 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 074-22-7563 No Sylvia Shapiro Adelphi Maruland 20783 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic-PART I. DEATH WAS CAUSED BY ACUTE PULMONARY FDEMA Hours IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL INFARCTION - Houre Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF YEARS underlying couse ANTERIOSCUETCOTIC CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION NONE -206. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [Hygier 21a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH-DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOWT MEDICAL EXAMINER) 19 H. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF YOMA THUO 3 STATE (AT HOME, STREET, FACTORY, CHIEF THE LETTER 22s. | certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove. (1) (re) (did) (did not) 22b. SIGNATURE DEGREE MEDICAL W ATTENDING . PHYSICIAN DIRECTOR MPORTANT 224. PHYSICIAN'S NAME (TYPE OR SAUNT) 22e ADDRESS ld b **USNOLD** 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL 3/27/1983 MOUNT LEBANONCEMETERY ADELPHI PRINCE 24 DONALD EMOR STEIN HEBREW MENORIAL FUNERA L HOME DHMH - 16 50M 4/82 232 CARROLL STREET, N. W., WASHINGTON, D. C. (VRA 15, 4)

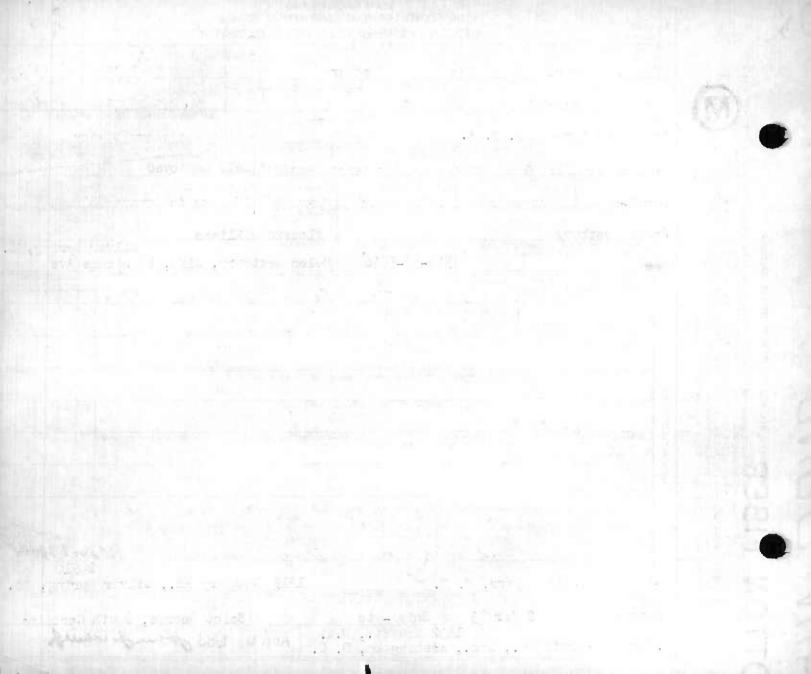
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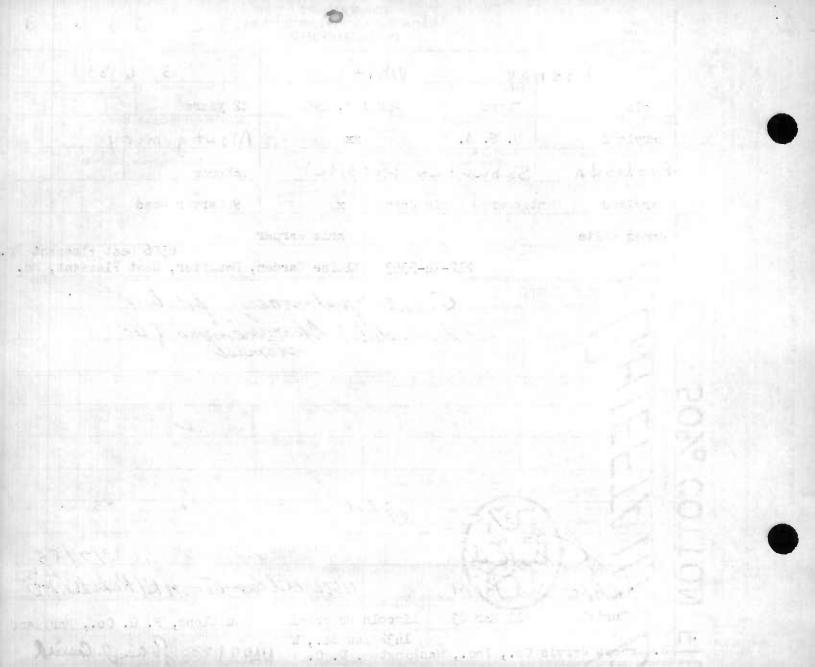
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-			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
WAR			CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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must	クン	13a. 5	aryland Mon	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 13c. CITY OR TOV tgomery 01ney		3813 Briars	Road
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_ <i>I</i>	1	_	VAS DECEASED EVER IN U.S. A			ADDRESS	1101110
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2 9 6			sow the deceased alive a	on 2/ Ma 19_	83, and that in (my) (aur) apinio	on death occurred on the date and ha	our and from the causes stated
Dept. of Hem			226. SIGNATURE		DEGREE		22c. DATE SIGNED
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4 40			224. PHYSICIAN'S NAME (TYPE	OR PRINT)		nce Philip Dri	ve
should be with the			Donald E.	Dillon, M.D.		ryland 20832	
₹ 3 ₹			BURIAL, CREMATION, REMOVA	L 236. DATE 23c.	NAME OF CEMETERY OR CREMATOR	23d. LOCATION	
		E	URIAL	MARCH 25,19836	REENWICH CEMETERY	GREENWICH WA	SHINGTON NEW
50M 4/B	2		JNERAL DIRECTOR		25a. D	MAR'S 1 1983	SUMMER IN RIGHT
5. 4}	·	FF	RANCIS H. BARBE	ER LAYTONSVILLE,	MD.20879	VIAIN	





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e d	3.	SEX	4. RA€E		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS
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and 2	7	James White	MIDDLE	LAST		Mamie Harpe	MIDDLE	LAST	
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CTO d for n of h	-1	sow the deceosed	olive on D (did not) view the ba	dy after death.			death accurred on the date and		
AL DIRE letoched ate Depi		276. SIGNATURE	8.6	ear		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/7/	IS3
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. 5 € 3 ₹ -	2:	a. BURIAL, CREMATION, R				EMETERY OR CREMATORY	250. LOCATION	COUNTY	STATE
3P		(SPECIFY) Burial	11 Ma		ncoli	n Memorial	Suitland, P.	G. Co. 1	Marylar
MH - 16 50M 4/82°	2	FUNERAL DIRECTOR		ADDRESS 1	432	Tou St., MYSO. DAI	E REC'D. BY REGISTRAR 25h DE	GISTRAR'S SIGNATUR	RE
(VRA 15, 4)	L	V. Ernest Jan	rvis Co., I	nc., Washi	ngtor	D. C.	AR 5 1 1983 170	and los	will



the attending physician and campletely filled in by the form remove carbon papers. Pages 1 and 2 shauld be filed within

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IMPORTANT: If Hem 21 is marked should be detoched for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

	STATE	OF	MARYL	AND	
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- 10		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
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		Maru	Kirsch	Wilkins	50n	March	13.19	83	2:15 7
1	3 SEX		RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ı		-emale	White.	MONTH	27 91	91	YRS.	VIHS DAYS	HOURS MIN,
4	7a BII	RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
1		enn	USA	WIDOWE		Monta	omer-	1	MD.
1	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON	INDUSTRY	F BUSINESS OR
	Be	thesda 1	Bethesda	- Health	Center	11	DE WORNING LIFE)	HOI	ME
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7		John 1	2	Sirsch	SALAL			Brid	95
I			ED FORCES? 16b SO	CIAL SECURITY NO.	17 INFORMANT Sally	Bourg 980	SParkwo	ood Dr	ive
I		NO	180	-28-2160		sda. Maryla			
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for	(a), (b), and (c).1	- 1/	F- 1.0	_	APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
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1		Conditions, if ony, which gave rise to immediate	(b)						
J		couse (o), stating the	DUE TO, OR AS A	CONSEQUENCE OF				4.35	
ı		underlying couse last.	(c)						
1	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBL	JTING TO DEATH BUT	NOT RELATED TO THE TERMIT	NAL DISEASE OR CON	DITION GIVEN		
- 1	0					TAL DISEASE OR COIL	DITION ON EIT	IN PART 110	
4	5	HS Pluna	Tial confidence						
7	FICAT	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION		200 AUTOPSY?	20b. IF YES, W	VERE FINDIN	IGS USED
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230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

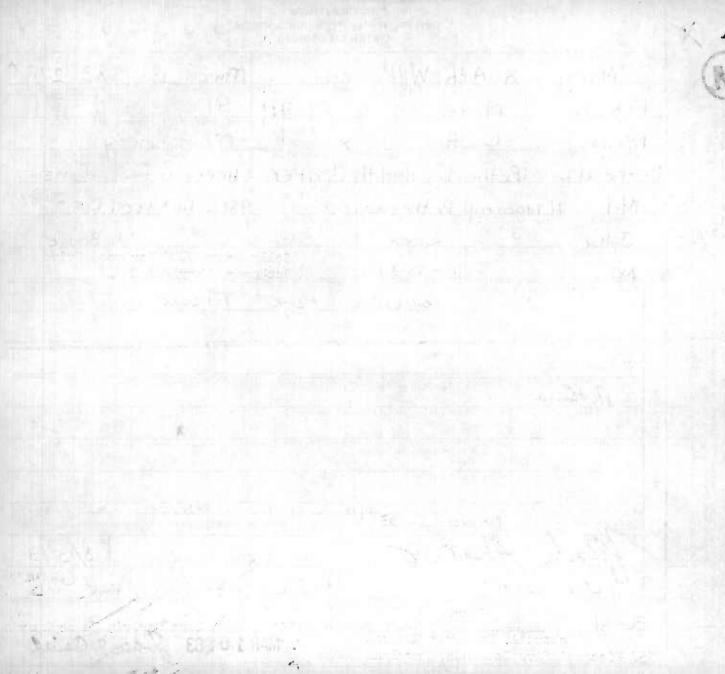
23d. LOCATION CITY OR TOWN Ebensburg Cambria

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

^{23b. DATE}March 19, 1983 Holy Name Cemetery 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes P. Almark 7557 Wisconsin Ave Bethesda, Maryland 20814

Pennsylvania



"Dr. Herbert Z. Shirom PhD. 7600 Caroll Ave.

FOR

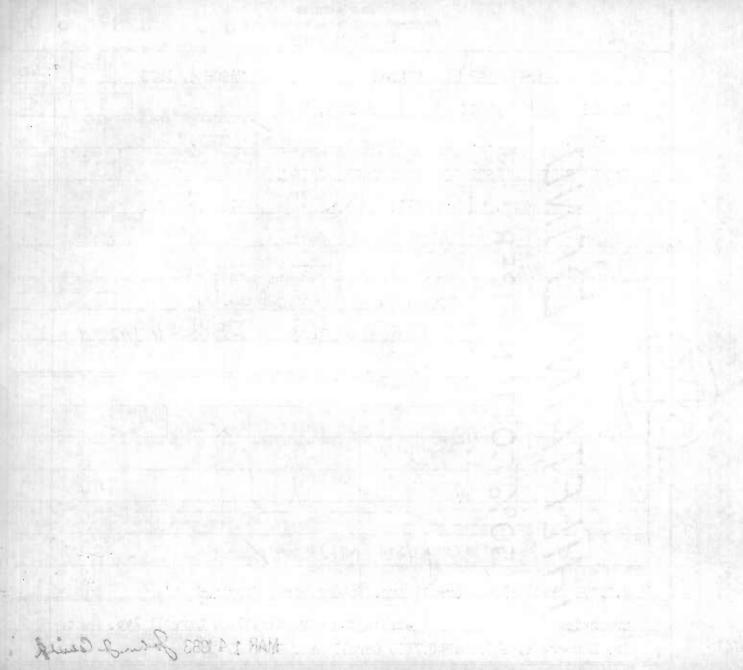
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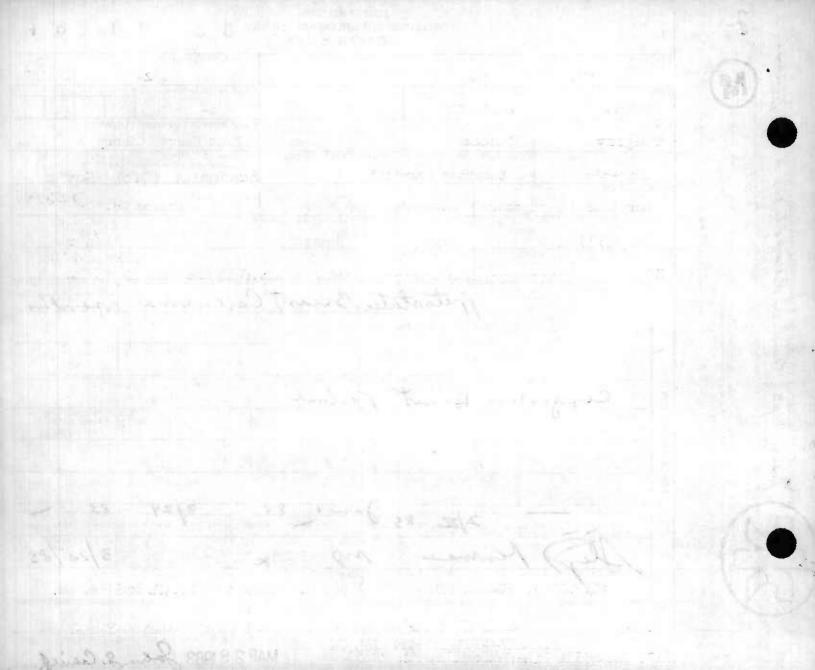
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECFASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR 3 24 EVA NMN WOHL 83 10:12P 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 19 YEAR CAUCASIAN FEMALE 64 TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Canada Hungary Montgomery County WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Suburban Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bethesda Economist (Ret) Gov't USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 20814 8013 Aberdeen Rd. 13d. INSIDE CITY LIMITS? Montgomery Bethesda Maryland NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Maxmillian Sara Planer Lowv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Maryland 20814 (IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN) NO Andrew Farkas: 8013 Aberdeen Road: Bethesda None----18. CAUSE OF DEATH (Enter only one couse per ling for ton (b), and po PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 INISION OF VITAL RECORDS, CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this harpital) attended the dereased from and that in (my) contapinion death occurred on the date and hour and from the causes stated sow the deceased alive on 77% SIGNA DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ME STYPE OF PRINTS ld b MPORT STEPHEN J. NEWMAN, MD. 11500 Old Georgetown Rd.; Rockville, Md. 234. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial March 27,83 Judean Memorial Gardens Olney: Montgomery: Maryland BP. DANZANSKY-GOLDBERG, MEMORIAL CHAPEL \$250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 1170 Rockville Pike; Rockville, Md. 20852 MAR 2 8 1983 (VRA 15, 4)



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 6 7
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DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	30 1083 1308
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NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
% CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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16. TIME OF INJURY 21(, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (TEM 18 PART) OR	
HOUR A.M., MONTH DAY YEAR	
	COUNTY STATE
remains described above, held on Autopsy 🔲, Inspection 😅 Inquiry 🔲 ond in my	opinion
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	. 6.	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO).	
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1	3. SE	X ~ 1	RACE 5. DATE O		6. AGE (IN YEARS LAST BIRT	HOAY) IF UNDER 1 Y	EAR IF UNDER 24 HRS
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Ja.		IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY? 8. MARRIET	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	1
il o		Virginia	U. S. A. WIDOWE	**	MONTO	Somer	MD.
10	10 C	1 - 001.0	. NAME OF HOSPITAL, NURSING HOME O	DR OTHER INSTITUTION	120 USUAL OCCUPATION		TRY BUSINESS OR
301	01	luge String	HOLY CLOSS	HOSPIACH	Self-Emp	loyed Re	staraunt
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£22	M		gomerySi. Spr.			ord Ave.	20910
11	14. FZ	ATHER'S NAME FIRST MID	DOLE LAST	15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAST
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gico!		WAS DECEASED EVER IN U.S. ARME		17 INFORMANT	8505	SMilford	Ave.
E E		known	577-05-6936	Mary M. Wr	ight Sil.	Spr., Me	d.
÷,			one couse per line for (a), (b), and (c).) 3Y:			BETW	PROXIMATE INTERVAL
ven		PART I. DEATH WAS CAUSED B		enta			0445
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2	CERTIFICATION	chron	ic obstinuence pulmo	onany biseas	E, MADOMBO		
Auo 1	CAI	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN	VDINGS USED
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8	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRI	ED (FNTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	[2]
T en	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
ŏ	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOV	vn COUNT	Y STATE
morked	2	MHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)	J. T.			
E		22a.l certify that (I) (this haspital)	offerided the deceased from	new 10 19 83	to MARKET		, that (I) (we) last
2 13	- 1	sow the deceased alive on obove, (1) (we) (did not) v	MARCH 24 19 \$3 on	nd that in (my) (pur) opinion d	eoth occurred on the do	te and hour and Irom	the couses stated
E a	1.16	22b. SIGNATURE		DEGREE		22c. D	ATE SIGNED
Mar.		/ Herr	y Heels, M.D.	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN	MACH 30, 1983
Z		224. PHYSICIAN'S NAME (TYPE OR PR	eint)	27e ADDRESS	1		New Year and
MPORTANT		BARRY I	HECHE	3929 FERRA	an brive h	VHEADOW, +	40 20906
₹ -		BURIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	23d. LOCATION		
		(SPECIFY)		ncoln Cemet	CITY OR TOWN	twood_M	arvland
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH V REGISTRAR DECEASED NAME FIRST 20 DATE KNOWN XX MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Lillian Yost 19 83 SEX 4 RACE AGE (IN YEARS | IF UNDER 1 YR. S. DATE OF BIRTH IE UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAYL PRONOUNCED 8:40 Female White Dec. 22, 1886 96 YRS DEAD 10 D. M 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
New York MARRIED NEVER MARRIED U.S.A. WIDOWED X DIVORCED Montgomery County, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Silver Spring Fairland Nursing Home Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE Montgomery 22811 Ridge Rd 13d. INSIDE CITY LIMITS? Germantown Maryland 20874 NO IX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Magill MIDDLE Michael Elizabeth Moran I WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS No 216-40-5987 Edward E. Yost, Item 13 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Asphyxia IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 3 SHOULD BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR XX MONTH DAY YEAR UNDERLYING MEDICAL PRIOR subject slipped under restraint and asphyxi-211 LOCATION ated WHILE AT WORK AT WORK 2101 Fairland Rd. Silver Spring Montgomery Nursing Home TO MEDICAL EXAMINER: TO EXECUIT THE CERTIFICATE. VECUIT THE CERTIFICATE. VTO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autopsy Accident XX death resulted from Natural causes Undetermined manner ACTUAL Assistant MEDICAL EXAMINER 3-11-83 EXAMINER'S NAME Dennis F. Smyth, M.D. III Penn Street 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECEDIFIAL Mar. 14, 1983 Parklawn Rockville. Montgomery, Md. BP 24 FUNERAL DIRECTOR "Olin L. Molesworth, Pred., Damascus, Md. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

Darels Line use. 25, 1-80 vi 11 -- 1-98 / Sevent L. lond, Item 13 Tion. Lois-curett, v. L., Lets-neue, etc. Mary E. E. S.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MAIDDLE LAST 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS Harry March 19,1983 W. Zumbrum 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR White Male April 1887 To BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Montgomery ennsylvania USA WIDOWED DIVORCED [18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
822 Tanley Road INDUSTRY S.S. Self employed Retired Estate SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 136. CITY OR TOWN 30. STATE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? NOF 822 Tanley Road 20904 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST George W Zumbrum Mary Masemer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 189-07-0333 Frances L. Zumbrum-wife-same as 13e) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO ohn OR AS A CONSEQUENCE OF Conditions, if ony, which 1 Cimmuna gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 by CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED d 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO F 21a, ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive an 2/5/8 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22 ADDRESS d b A.F. Thibadeau MD 10111 Colesville Road Silver Spring, Md. 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial STATE 3-22-1983 Penna. Rest Haven Cemetery Hanover 24 FUNERAL DIRECTOR REGISTRAR 256' REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 ADDRESS 11800 N.H.Ave. Hines/Rinaldi Funeral Home (VRA 15, 4)

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